

Montana Immunization Information System Authorization to Release -

To obtain your immunization record, first check with your health care provider or your local county health department. If they are unable to provide you with your immunization history, or you are unable to access these organizations, you may complete this form.

INCOMPLETE AUTHORIZATION FORMS WILL NOT BE PROCESSED

Please allow 3 business days for processing

MAIL TO: Montana DPHHS Immunization Program P.O. Box 202951

FAX TO: (406) 444-2920 EMAIL: hhsphsiis@mt.gov im Trax

Helena, MT 59620 - 2951

Section I Patient Info	rmation			
Patient Name:				
Last		First	Middle	
Other Name(s) Used (Maider	n or previous married name): _			
Date of Birth:/	/	Female	No longer a Mo	ntana resident
Address:				
Str	eet	City	State	Zip Code
Section II Receiving Organization Information (Where to send the official immunization record)				
Person or Organization to Receive Immunization Record:				
Phone: ()	Fax: ()_			
Mailing Address:	eet	City	State	Zip Code
	ent To the Listed: Fax	Address	State	
Section III Requestor Information				
Requestor Name:				
La		First	Middle	_
Phone Number:() Relationship to the Patient				
Reason for Request:				
	eet	City	State	Zip Code
	ontana Immunization Program		's immunization record from	Montana's
Immunization Information System (IIS), <i>imMTrax</i> , to the person or agency above. I declare the information above is correct and that I am authorized to sign this release on the patient's behalf. I understand that the requested information will be faxed or				
mailed to the designated num	ber or address listed above.		Circuit Out	1
			Signed On:/	
Signature of Patient (or Parent, Legal Guardian or Managing Conservator for a Child). Electronic or electronically generated signatures are not accepted. Section IV For Official Use Only				
	Use Only			
Date Searched/Released:	//	By:		
Records Released Record Not Found Record Found But No Immunizations Reported				

Notice: Records requests expire 30 days after the date the requestor authorized and signed the release form. One authorization form per immunization records request. Future requests will require a new records release form.