



TEXAS DEPARTMENT OF STATE HEALTH SERVICES  
 IMMUNIZATION REGISTRY (IMMTRAC)



AUTHORIZATION TO RELEASE OFFICIAL IMMUNIZATION HISTORY

Client's Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_  Male  Female  
Month Day Year

Address: \_\_\_\_\_  
Street City State Zip

Please indicate how and where to send this official immunization record.

Name/Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone Number: (\_\_\_\_) \_\_\_\_\_

Send official immunization record by:  Walk-in/In person  Mail to address below  
 Fax number: (\_\_\_\_) \_\_\_\_\_

Requestor Information - must complete in entirety

I, \_\_\_\_\_, authorize the Texas Department of State Health  
Print name of Client (or Parent, Legal Guardian, or Managing Conservator for a child)

Services to release this client's official immunization record from the Texas Immunization Registry (ImmTrac).

Address: \_\_\_\_\_  
Street City State Zip

E-mail address (if available): \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Signature of Client (or Parent, Legal Guardian, or Managing Conservator for a child) \_\_\_\_\_ Date: \_\_\_\_\_  
Month Day Year

Privacy Notification

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003, and 559.004)

For Office Use Only

Date Searched/Released: \_\_\_\_\_  Record Released  Record Not Found

By: \_\_\_\_\_  Record found but no immunizations reported

If you have any questions or concerns please contact the Texas Department of State Health Services (ImmTrac Group) at (800) 252-9152 or via e-mail at [ImmTrac@dshs.state.tx.us](mailto:ImmTrac@dshs.state.tx.us).

Mail To: Texas Department of State Health Services  
 ImmTrac Group, MC-1946  
 PO Box 149347  
 Austin, TX 78714-9347

Fax to:  (512) 458-7790  
 (512) 458-7288