



TARRANT COUNTY PUBLIC HEALTH
Authorization to Release Official
Immunization Record



INSTRUCTIONS 1. Complete ALL portions of this form.
 2. Please sign and email to TCIR@tarrantcounty.com or sign and fax to 817-850-2381
 (Records will be released to email address only)
 3. If you have any questions please call the TCIR (817) 413-6312

You must be a Parent, Legal Guardian or Managing Conservator for the child (under the age of 18) whose record you are requesting. Anyone over the age of 18 must request their own immunization record.

CLIENT'S INFORMATION				
Last Name		First Name		Middle Name
Date of Birth ____ / ____ / ____ Month Day Year		Sex: M F		Previous Name(s)
Street Address		Apt. #	City	
County	State	Zip Code	Phone Number ()	
Email address where record is to be sent:				
REQUESTOR INFORMATION (if applicant is a minor)				
Are you the: Parent, Guardian, or Managing Conservator?		Yes	No	Relationship to child:
Last Name		First Name		Middle Name
				Maiden Name
AUTHORIZED SIGNATURE				
I, _____, authorize Tarrant County Public Health (Print name of Parent, Legal Guardian, or Managing Conservator for a child) to release this client's official immunization record. I further release the aforesaid Tarrant County Public Health from all legal responsibility of liability that may arise from the act that I have authorized above.				
Signature: _____		Date: ____ / ____ / ____		
Client (or Parent, Legal Guardian, or Managing Conservator for child)		Month Day Year		
RETENTION OF RECORDS (if applicant is 18 years old or older)				
I understand that, by granting this consent, I am authorizing that my immunization records be retained in TCIR and my immunization information may by law be accessed by a physician or other health care provider legally authorized for treating me as a patient.				
Signature: _____		Date: ____ / ____ / ____		
Client		Month Day Year		
DISCLAIMER				
Please be aware that your information may not be secure once it leaves the Tarrant County Immunization Registry (TCIR). It will not be encrypted if you ask for it to be sent via email. If you ask for it to be sent to a third party not covered by privacy laws, that party may disclose it to others. TCIR is not responsible for the protection of your information after sending it.				
Immunization record will be released by the end of the second business day after payment is received				
FOR OFFICE USE ONLY				
Date Searched/Released: _____		<input type="checkbox"/> Record Released	<input type="checkbox"/> Record Not Found	
By: _____		<input type="checkbox"/> Record Found, but No Immunizations Reported		