



# PUBLIC HEALTH AND ENVIRONMENT

100 Spader Way • Broomfield, CO 80020 • 720.887.2220 • BroomfieldHealth.org • publichealth@broomfield.org

## Request to Release Immunization Records from the Colorado Immunization Information System (CIIS)

(Please be aware - requests are completed within 5 business days)

### If requesting the release of your OWN immunization record:

I, \_\_\_\_\_, date of birth \_\_\_\_\_ request the release of my immunization record from CIIS.

### If requesting the release of a CHILD'S immunization record:

I, \_\_\_\_\_, certify that I am the parent, legal guardian, or person with legal custody or decision-making responsibility for the medical care of minors listed below.

Complete the following information for each child's record that is being requested. Please fax this to 720.887.2229 or email it to [publichealth@broomfield.org](mailto:publichealth@broomfield.org) or drop it off in person at 100 Spader Way.

Full Name	Date of Birth	Sex

### Preferred method for release of records:

Pick up: Individual's name \_\_\_\_\_  
Phone number \_\_\_\_\_

Mail: Individual or agency name \_\_\_\_\_  
Full Address \_\_\_\_\_

Fax: Individual or agency name \_\_\_\_\_  
Fax number \_\_\_\_\_

Email: Individual's name \_\_\_\_\_  
Email address \_\_\_\_\_

(Please note that if you choose to have records released by email, it will be encrypted and will require you to follow prompts to verify email in order to open)

I hereby authorize the City and County of Broomfield Public Health to release immunization records for the above listed individuals to myself, college, agency or person(s) listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only:  
Date request received: \_\_\_\_\_ Initial: \_\_\_\_\_ Via: In-person Fax Mail Phone Email  
Date records sent: \_\_\_\_\_ Initial: \_\_\_\_\_ Via: In-person Fax Mail Phone Email  
Notes: