REQUEST FOR PROOF OF IMMUNIZATION

We can only provide verification of the documentation that was provided to our office upon admission to the university. A charge of $2 may apply.

Documentation our office checks:

- ✔ Immunization forms – submitted starting fall 2009 (**$2**)
- ✔ High school transcript verifying immunization (**$2**)
- ✔ CSU, Chico's database – shows MMR and Hepatitis B compliance (letter provided **free** of charge.)

REGS USE ONLY

Rcpt #_____

REGS Initial_____

Date PU/Mailed

(1) Your Contact Information:

CHICO STATE ID or Last 4 of SSN:_____

NAME:_____

Last *(as shown on your CSU, Chico record)* **First** **MI**

PHONE: (_____)_____**EMAIL:**_____

Signature required: _____

Signature Authorizes Release of Student Records

(2) PROOF OF IMMUNIZATION REQUESTED: (Select One)

A. ☐ I need copies of the immunization documentation provided to CSU, Chico. **Complete Box 4**

B. ☐ I need a letter of certification that I was in compliance with CSU, Chico's requirement for MMR and Hepatitis B while in attendance.

(3) DELIVERY METHOD: (Select One)

Send Proof of Immunization to:

☐ **US MAIL**:_____

_____

_____

_____

☐ **FAX NO**:(_____)_____

ATTN:_____

☐ **PICK UP** ***(Photo ID Required)*** **– SSC 110**

(4) PAYMENT……*If you checked box 2A above a $2.00 payment is required. Please fill out this portion:*

Type of payments accepted:

☐ **Check or Money Order** (enclose payment)

Credit card only accepted if payment is made in person.

Office of the Registrar
California State University, Chico
Chico, CA 95929-0720
530-898-5142
530-898-4359 fax