

**Gateway Community College  
20 Church St Room N207  
New Haven, CT 06510**

**Authorization to Release Records**

**Please send my Immunization Records to:**

**Please include Address & Contact Person & Dept or Fax Number with Area Code & Contact Person**

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**Fax Number:**

**Name: *Please Print:*** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Banner ID#:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**PLEASE ALLOW ONE WEEK FOR PROCESSING**



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