

# Blinn College

## Request to Release Bacterial Meningitis Vaccination Record

Students can pick a copy of their Bacterial Meningitis Vaccination Record with their Blinn ID or a state-issued ID at Enrollment Services.

If unable to come to Enrollment Services, please complete this form and either email it to Admissions@blinn.edu or fax to 979-830-4110. Please include a copy of your Blinn ID or state-issued ID. (Please increase copy to 129% for a clear image.)

Student First Name: \_\_\_\_\_ Student Last Name: \_\_\_\_\_

Blinn ID #: \_\_\_\_\_ Student's phone number \_\_\_\_\_

Please send my Bacterial Meningitis Vaccination Record to \_\_\_\_\_  
(name of person, college or business)

at \_\_\_\_\_  
(fax number or email address)

OR

\_\_\_\_\_  
(mailing address)

\_\_\_\_\_  
(City, State, zip code)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date