

Delta County Joint School District 50J
7655 – 2075 Road Delta, CO 81416
Phone: (970) 874-4438 Fax: (970) 874-5744

IMMUNIZATION REQUEST

Student's Name
(At Time of Graduation) _____

Date of Birth _____ **Social Security Number** _____

Daytime Phone Number _____

School Graduated From
Or Attended _____

Year Graduated or
Would Have Graduated _____

Signature _____ **Date** _____

Mail Immunization To _____

Fax Immunization To _____ **Fax Number** _____