



**New Hampshire Immunization Information System (NHIIS)  
Request for Immunization Record**

An individual may obtain their/their child's Immunization Record from the NHIIS (if this information has been reported to the NHIIS) through the NHIIS Web Based portal <https://www.vaccines.nh.gov/vaccination-record-instructions> or by completing this form.

Completed forms may be faxed to 603-696-3266 or mailed to:

New Hampshire Immunization Program  
29 Hazen Drive  
Concord, NH 03301  
Attn: Registry Administrator

REGISTRANT NAME (Print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

I request a copy of my/my child's immunization record from the NHIIS for the individual listed above to be sent to the following address (check if same as above address  )

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**(Print)** \_\_\_\_\_

\* PARENT/LEGAL GUARDIAN NAME, IF REGISTRANT IS <18 YEARS OLD

RELATIONSHIP TO REGISTRANT

\_\_\_\_\_  
SIGNATURE OF INDIVIDUAL REQUESTING NHIIS RECORD

\_\_\_\_\_  
DATE OF REQUEST

If the above signature is that of a guardian or if there has been a legal name change, please attach a copy of the appropriate legal documentation. Records will not be released if ID verification and applicable legal documentation is not included.

<b>For Department Use Only</b>	
ID Verification Method:	
<input type="checkbox"/> State Issued Photo ID: <input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other	
<input type="checkbox"/> Legal Documentation Verified <input type="checkbox"/> Legal Documentation Not Applicable	
Staff Name (Print)	Staff Title:
Date:	