



Office of the Registrar

Release of Immunization Records

Pick Up

Rush University
Student I.D.#

Send all immunization records on file with Rush University to:

Social Security #

LAST Name

FIRST Name

Telephone #

College

Major or Program

Student's Signature

Date of Request

For Office Use: Date Rec'd _____ Date Sent: _____ By: _____

(Exceptions: Rush Medical College students should contact Lifetime Medical Associates. Nursing students who matriculated Fall Quarter 2007 or later should contact the College of Nursing.)

Office of the Registrar
600 S. Paulina Street, Suite 440
Chicago, IL 60612
Phone: (312) 942-5681 Fax: (312) 942-2310

Please Note: Immunization records are maintained for five years after the student's graduation or quarter in which the student last attended.