



**Texas Immunization Registry (ImmTrac2)**  
**Authorization to Release Official Immunization History**

\_\_\_\_\_  
First Name Middle Name Last Name  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Male  Female  
(mm/dd/yyyy)  
\_\_\_\_\_  
Address Apartment #/Building #  
\_\_\_\_\_  
City State Zip Code County

**Please indicate how and where to send this official immunization record.**

\_\_\_\_\_  
Name/Organization  
\_\_\_\_\_  
Address Apartment # / Building #  
\_\_\_\_\_  
City State Zip Code Telephone Number: \_\_\_\_\_  
Send official immunization record by:  Fax Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Mail to address above  
 Email Address: \_\_\_\_\_

**Requestor Information – must complete in entirety**

I, \_\_\_\_\_, authorize the Texas  
Print Name (Select the one that applies: Adult Client, Parent, Legal Guardian, Managing Conservator for a child)  
Department of State Health Services to release this client's official immunization record from the Texas Immunization Registry. For more  
information, see Texas Health and Safety Code Sec. 161.007 (d) <https://statutes.capitol.texas.gov/Docs/H/S/htm/H.S.161.htm#161.007>.  
\_\_\_\_\_  
Address Apartment # / Building #  
\_\_\_\_\_  
City State Zip Code County  
E-mail address (if available): \_\_\_\_\_ Telephone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Select the relationship that applies between you and the client:  Adult Client/Self  Parent  Legal Guardian  
 Managing Conservator for a child  
\_\_\_\_\_  
Signature of Adult Client (or Parent, Legal Guardian, or Managing Conservator for a child) Date

**Privacy Notification:** With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.texas.gov> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003, and 559.004)

*For Office Use Only*

ImmTrac2 ID#: \_\_\_\_\_  
Date Searched/Released: \_\_\_\_\_  Record Released  Record Not Found  
By: \_\_\_\_\_  Record Found, but No Immunizations Reported



Registro de Inmunización de Texas (ImmTrac2)
Autorización para divulgar el historial oficial de vacunación

Form fields for patient information: Primer nombre, Segundo nombre, Apellido, Fecha de Nacimiento, Sexo, Dirección, Ciudad, Estado, Código Postal, Condado, Núm. de apartamento o edificio.

Indique cómo y dónde desea que se envíe este expediente oficial de vacunación.

Form fields for mailing information: Nombre/Organización, Dirección, Ciudad, Estado, Código Postal, Teléfono, and checkboxes for 'Enviar el expediente oficial de vacunación por'.

Información del solicitante: los datos deben completarse en su totalidad

Form section for applicant information including authorization text, address fields, relationship checkboxes, and signature/fecha fields.

Notificación de privacidad: con ciertas excepciones, tiene derecho a pedir y a ser informado sobre la información que el estado de Texas reúne sobre usted.

Form section for office use only: For Office Use Only (Solo para uso de la oficina), including fields for Date Searched/Released, By, and Record status checkboxes.