



**UNC
GREENSBORO**

Division of Student Affairs
Student Health Services

RETURNING/REACTIVATED STUDENT FORM

AUTHORIZATION FOR RELEASE OF IMMUNIZATION CLEARANCE INFORMATION

To be completed by all former UNCG students (out for at least one semester).

I plan to re-enter UNCG for the upcoming semester. Please advise me of my immunizations on file at the UNCG Student Health Service.

Today's Date: _____

Returning to UNCG: Year _____ Fall _____ Spring: _____

Print Name: _____

Signature: _____

Maiden name/ name change: _____

Student ID#: _____ Date of Birth: _____

Date(s) of previous enrollment _____

Did you receive treatment (other immunizations) at the Student Health Services?

Circle: YES NO

Current mailing address: _____

Email address: _____

Telephone number(s): Home: _____ Work: _____

Your immunizations will be reviewed by the Immunization Office. Please contact this office to confirm the status of the immunization documentation you need to update and/or submit to remain enrolled at UNCG for your returning semester.