



UNCG
Student Health Services

THE UNIVERSITY OF NORTH CAROLINA
GREENSBORO

Anna M. Gove Student Health Services
Attn: Immunization Office
Greensboro, N.C. 27402
Office 336-334-4086
Fax: 336-334-5357

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 than immunizations) at the Student Health Service?

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.