

Delta County Joint School District 50J  
7655 – 2075 Road Delta, CO 81416  
Phone: (970) 874-4438 Fax: (970) 874-5744  
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### IMMUNIZATION REQUEST

**Student's Name**  
**(At Time of Graduation)** \_\_\_\_\_

**Student's Current Name**  
**(If different from above)** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_

**Daytime Phone Number** \_\_\_\_\_

**School Graduated From**  
**Or Attended** \_\_\_\_\_

**Year Graduated or**  
**Would Have Graduated** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Mail Immunization To** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fax Immunization To** \_\_\_\_\_ **Fax Number** \_\_\_\_\_