



Southwest Children's Center, P.A.  
5282 Medical Drive, Suite 310  
San Antonio, Texas 78229  
Telephone: (210) 614 TOTS (8687)  
Please send this form to:  
Fax: (210) 614-PLAY (7529) OR  
[callsystem@southwestchildrenscenter.com](mailto:callsystem@southwestchildrenscenter.com)

## INSTRUCTIONS FOR RELEASE OF IMMUNIZATION RECORD

*Please note that ONLY parent(s)/guardian(s) and individuals named on the Minor Authorization Form will be permitted to request records. The Minor Authorization Form can be found in the New Patient Packet on the website under 'Information and Forms.'*

1. Complete the 'Authorization to Release Immunization Record' form.
2. Pay record release fee online. This can be done on our website at: [www.southwestchildrenscenter.com](http://www.southwestchildrenscenter.com).  
On the home page, click on 'Pay Bill.' The immunization record fee is \$5.00 per patient, per record.  
Please be sure to notate the following during online bill pay:
  1. Patient's Name
  2. Patient's Date of Birth
  3. Check box to indicate payment is for Immunization Record

Lack of information provided during online bill pay and on the release form may delay processing time.

3. Once the form and payment are received, the release will be processed. The turnaround time for release of immunization records is one business day. One of our staff members will notify you by phone (to the number provided on the record release) once the release is completed. It is advisable that you contact the office if you have not been contacted by the office by the turnaround time.

Vaccine records may also be requested in the office for same-day processing.



# SOUTHWEST CHILDREN'S CENTER

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## AUTHORIZATION TO RELEASE IMMUNIZATION RECORD

<b>IMMUNIZATION RECORD REQUESTED FOR:</b> <i>(please print)</i>			
First Name:	Middle Name:	Last Name:	
Date of Birth:  <div style="display: flex; justify-content: space-between; width: 100%;"> <span>____/____/____</span> </div> <small>MONTH DAY YEAR</small>	Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Phone Number:	
Current Address:	City:	State:	Zip:

<b>REQUESTOR'S INFORMATION (PERSON REQUESTING RECORDS)</b> <i>(please print)</i>			
<i>If record requested is for a minor under 18 years of age, please state your relationship to the minor in the Requestor's Relationship field. Requestors are limited to Parents, Legal Guardians and Managing Conservators for the child.</i>			
Requestor's Name:		Requestor's Relationship:	
Address:			
City:	State:	Zip:	Phone Number:
By signing this agreement, I _____, hereby authorize Southwest Children's Center, P.A. <small style="text-align: center;">(Print name of Requestor)</small> to release the official immunization record for the patient named above.			

<b>THIS IMMUNIZATION RECORD IS TO BE RELEASED AND SENT TO THE FOLLOWING:</b>	
<b>Send the Immunization Record to:</b> <small>(Choose One of the Following)</small>	
<input type="checkbox"/> School <small>(may not be sent by e-mail)</small>	<input type="checkbox"/> Daycare/Childcare Center <small>(may not be sent by e-mail)</small>
<input type="checkbox"/> Self	<input type="checkbox"/> Other _____
<b>Send Official Immunization Record by:</b> <small>(Choose One of the Following)</small>	
<input type="checkbox"/> Walk-in / In Person	<input type="checkbox"/> Mail <small>(indicate physical address below)</small>
<input type="checkbox"/> FAX <small>(indicate fax number below)</small>	<input type="checkbox"/> E-Mail <small>(indicate e-mail address below)</small>
<input type="checkbox"/> Address <small>(if record is to be mailed):</small>  Name /Organization: _____ Recipient / To the Attention of: _____ Address: _____ City, State Zip: _____	<input type="checkbox"/> Fax Number <small>(if record is to be faxed)</small>  Fax to the Attention of: _____  <input type="checkbox"/> E-mail <small>(if record is to be e-mailed)</small>  E-mail to the Attention of: _____
<b>Requestor's Signature:</b>	<b>Date:</b>

<b>For Office Use Only:</b>	
<i>Date Request Received:</i>	<i>Staff Initials:</i>
<i>Fee Paid:</i>	<input type="checkbox"/> Yes, Date: _____ <input type="checkbox"/> No
<i>Date Record Released:</i>	<i>Staff Initials:</i>
<i>Date Requestor Notified:</i>	<i>Staff Initials:</i>