



YORK COUNTY COMMUNITY COLLEGE

Request for Release of Records

Please return this form to YCCC Records Office
Email: records@yccc.edu
Telephone and Fax: (207) 216-4402 and (207) 216-4401
Mail: 112 College Drive, Wells, ME 04090

Student Information

Name: _____
Last *First* *M.I.*

Phone: _____ Preferred Email: _____

I hereby request and authorize release of the following records from York County Community College:

- Immunization Records
- Other: _____

By signing below, I authorize the release of my records to the method I've listed, below:

Signature: _____ **Date:** _____

Mail:

Company or Person *Street*

City *State* *Zip Code*

Email (as a password-protected pdf): _____

* For security purposes, we will **not** fax documents.