

**Authorization to Access Student Immunization Records on VacTrAK**

I, \_\_\_\_\_, request and authorize  
Print full name of parent or guardian

the school nurse at the Kenai Peninsula Borough School District to  
access information for my child,

\_\_\_\_\_  
(print first, middle, last name)

whose date of birth is \_\_\_\_\_, in order to review  
immunization records within the VacTrAK system that is managed by  
the Epidemiology Section of the Alaska Department of Health and  
Social Services. This authorization is valid as long as my child attends  
school in this district.

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

\*\*\*\*\*

Verbal authorization obtained from \_\_\_\_\_ (parent/guardian)  
on \_\_\_\_\_ (date), at \_\_\_\_\_ (time)  
by \_\_\_\_\_ (Nurse).