

**Gwinnett Online Campus**

**Immunization Request Form**

The purpose of this form is for students to obtain their immunization record for application into the Dual Enrollment Program at Gwinnett Online Campus. Please complete and turn in to Mrs. Floyd if you need a copy of these records.

Student Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Student Signature: \_\_\_\_\_

The student will receive his/her immunization record once processed. It is the student's responsibility to submit this record to the college.