

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 either Mr Jackson (Last Names A-J) OR Mrs. Floyd (Last Names K-Z)

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.