Request for obtaining Occupational Health Vaccination Record

Surname:

First name:

Date of Birth:

Dates of study at LJMU: From To

If you have changed your name, please provide the name you were known by during your time at the University.

Previous name:

Postal Address where you would like us to send the record:

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Postcode: …………………………… Telephone Number: …………………………………..

Alternatively, we may at your request send this by email to a registered LJMU address only. *(Please indicate below if you would like your records sent via your LJMU email address).*

I would like to receive my records via my LJMU email address:

We will do our best to process your request as soon as possible and the usual length of time is between 7-21 days depending on workload.

Date: