Enclosed is the Information Sharing Agreement for:

Full name of school district, private school, or early learning program

Please indicate your school/site type:
- [ ] School
- [ ] Child Care
- [ ] Head Start
- [ ] ECEAP
- [ ] Other (please specify): ________________

Please indicate your school/early learning classification:
- [ ] Public
- [ ] Charter
- [ ] Private
- [ ] Tribal
- [ ] Other (please specify): ________________

Please indicate what your current level of IIS access is (Check one):
- [ ] View Access – currently have access to view immunization administration dates and print a Certificate of Immunization Status (CIS)
- [ ] Reporting Only Access – currently have access to submit your annual immunization report through the IIS
- [ ] School Module Access – currently have access to the School Module but need to renew my ISA
- [ ] Do not have any current access to the IIS

Mail the original, signed copy to:
Washington State Department of Health
Office of Immunization and Child Profile
Attn: Vanessa Mojica
PO Box 47843
Olympia, WA 98504-7905