DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-02487 (09/2025)

STATE OF WISCONSIN
Bureau of Communicable Diseases
608-267-9959

WISCONSIN IMMUNIZATION REGISTRY (WIR) RECORD RELEASE AUTHORIZATION

Completion of this form authorizes the unlocking of client information from the WIR. Information contained in the WIR includes the client name, date of birth, gender, vaccine group, date-administered, other vaccine details, and recommended vaccines. This form is intended for a client, or the parent/guardian of a minor client to gain access to their information from the WIR or to have the information sent a third party.

These records can be emailed, mailed, or faxed to the requestor, or an agency/organization. Once the client information is unlocked, it can be accessed at https://www.dhswir.org. The WIR information will be unlocked within 5 business days upon receipt of this signed authorization.

CLIENT INFORMATION	**SEND TO:**
Client Name (Last, First, Middle)	Agency/Organization or Individual's Name (Provide Last, First Middle)
Address	Address
City, State, Zip Code	City, State, Zip code
Date of Birth (MM/DD/YYYY)	Email Address
Mother's Maiden Name (Last, First, Middle)	Fax Number (Include area code)
Phone Number (Include area code)	Phone Number (Include area code)

Immunizations should be sent to the listed Receiving Person/Agency/Organization:

☐ Email ☐ Mail ☐ Fax ☐ Will access through WIR online: https://www.dhswir.org

Please explain the reason for the record release:

☐ Further medical care ☐ School or childcare eligibility ☐ Employment

☐ Other _____

SIGNATURE – Client (If 18 years of age or older)	Date Signed	Print Name
SIGNATURE – Parent/Legal Guardian of client	Date Signed	Print Name / Relationship to client

Return completed form to the WIR help desk:

Mail:
Wisconsin Department of Health Services
WIR Help Desk
201 E. Washington Ave., Room G100
Madison, WI 53703

Email:
dhswirhelp@wisconsin.gov

Fax:
608-267-9493

Phone:
608-266-9691

Please be aware that your information may not be secure as it will not be encrypted if you send or ask for it to be sent via email. If you ask for it to be sent to a third party not covered by privacy laws, that party may disclose it to others. Your request to release these records will not affect any of the services provided to you through the Wisconsin Immunization Registry. You may revoke this authorization at any time by sending a written request to the Wisconsin Department of Health Services address listed above. Your request to revoke will not apply to information released before we received your request to revoke. This authorization expires 30 days after the date the requestor has authorized and signed the release form.

For Official Use Only

Date Searched/Released:	Searched/Released by:

☐ Records Released ☐ Record Not Found ☐ Record Found but No Immunizations Reported