

# Request for Immunization Records

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Recipient's Title]

[Healthcare Facility Name]

[Facility Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request a copy of the immunization records for **[Patient's Name]**, date of birth **[Patient's Date of Birth]**. These records are required for **[reason for request, e.g., school enrollment, travel, etc.]**.

Please send the records to my address listed above or via email at **[Your Email]**.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]