

Immunization Record Request

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Childcare Provider's Name]

[Childcare Facility Name]

[Childcare Facility Address]

[City, State, Zip Code]

Dear [Childcare Provider's Name],

I am writing to request the immunization records for my child, [Child's Full Name], who is currently enrolled or will be enrolling at your facility. As part of the enrollment process, these records are necessary to ensure compliance with state immunization requirements.

Child's Date of Birth: [Child's Date of Birth]

Parent/Guardian Name: [Your Name]

Please send the immunization records to my email address or mailing address listed above at your earliest convenience. Your assistance in this matter is greatly appreciated.

Thank you for your attention to this request.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]