

Immunization Record Request for College Admissions

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Institution's Name]

[Institution's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to request a copy of my immunization records to fulfill the requirements for my college admissions process.

My details are as follows:

- Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Student ID (if applicable): [Your Student ID]
- Program of Study: [Your Program]

Please send my immunization records to my email address at [Your Email Address] or to the mailing address below:

[Your Address]

[City, State, Zip Code]

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

Sincerely,

[Your Name]

[Your Contact Number]