

Immunization Record Request

Date: [Insert Date]

To: [Healthcare Provider's Name]

[Healthcare Provider's Address]

[City, State, Zip Code]

Dear [Healthcare Provider's Name],

I am writing to request a copy of my immunization records. Please find my details below:

- Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Address: [Your Address]

For the purpose of [reason for request, e.g., school enrollment, travel, etc.], I kindly ask that you provide my complete immunization record at your earliest convenience.

Thank you for your prompt attention to this matter. Should you require any further information, feel free to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Full Name]