

Immunization Record Request

Your Name:

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

Date:

[Today's Date]

To Whom It May Concern,

[Agency/Organization Name]

[Agency Address]

[City, State, Zip Code]

Subject: Request for Immunization Records

Dear [Recipient's Name or "Records Department"],

I am writing to request my immunization records as part of my personal health records. My details are as follows:

- Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Address: [Your Current Address]
- Patient ID (if applicable): [Your Patient ID]

Please send the requested records to my address or email listed above. If there are any forms or fees required to process this request, kindly inform me at your earliest convenience.

Thank you for your assistance.

Sincerely,

[Your Name]