

# Immunization Record Request for School Enrollment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

To Whom It May Concern,

I am writing to request a copy of my immunization records for the purpose of enrolling my child, [Child's Name], in [School Name]. As part of the enrollment process, the school requires proof of immunization history.

Please send the immunization records to the address provided above or to my email at [Your Email Address]. I appreciate your prompt assistance in this matter.

Thank you for your attention to this request.

Sincerely,

[Your Name]