

# Immunization Record Request for Sports Participation

Date: [Insert Date]

To Whom It May Concern,

I am writing to request the immunization records for [Student's Full Name], who is a [grade/year] student at [School Name]. This documentation is required for [his/her] participation in [specific sport or activity].

Please include records for all immunizations received, as well as any additional medical information that may be necessary for [his/her] eligibility. The records can be sent to my attention at the following address:

[Your Name]  
[Your Address]  
[City, State, Zip Code]

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

Sincerely,

[Your Name]  
[Your Relationship to Student]