

Request for Immunization Record

Date: **[Insert Date]**

To Whom It May Concern,

I am writing to request a copy of my immunization records. Below are my details:

- **Name:** [Insert Full Name]
- **Date of Birth:** [Insert DOB]
- **Address:** [Insert Address]
- **Phone Number:** [Insert Phone Number]

Please provide the immunization records at your earliest convenience. If there are any forms or fees required to process this request, kindly let me know.

Thank you for your assistance.

Sincerely,

[Insert Your Name]

[Insert Your Signature (if sending a hard copy)]