

Immunization Data Amendment Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Position]

[Organization/Institution Name]

[Organization Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to formally request an amendment to my immunization data that is currently held by your office. Upon reviewing my immunization records, I have identified discrepancies that I believe need to be corrected.

Details of the discrepancies are as follows:

- **Vaccine Name:** [Name of Vaccine]
- **Date Administered:** [Discrepant Date]
- **Correct Information:** [Correct Date or Information]

I have attached supporting documents to verify the correct immunization data for your reference.

Please let me know if you require any additional information or if there are any forms I need to complete to facilitate this amendment.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]