

Petition for Access to Vaccination Records

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient Name]

[Recipient Title]

[Organization/Institution Name]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request access to my vaccination records. As a [patient, parent, guardian, etc.], it is important for me to obtain this information for [reason for the request, e.g., employment, school enrollment, travel requirements].

My details are as follows:

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

I would appreciate your prompt assistance in providing these records as per [cite any relevant laws or regulations, e.g., HIPAA]. Please let me know if you require any further information or documentation to process my request.

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]