

# Request for Vaccine Record Retrieval

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Organization's Name]

[Organization's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to request assistance in retrieving my immunization records, specifically my vaccination history related to [specific vaccine name, e.g., COVID-19, flu, etc.]. I require this documentation for [state purpose, e.g., travel, school enrollment, employment, etc.].

Below are my details to help locate my records:

- **Name:** [Your Full Name]
- **Date of Birth:** [Your Date of Birth]
- **Identification Number (if applicable):** [Your ID Number]
- **Address:** [Your Current Address]

If there are any forms or further information required to process this request, please let me know. Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]