

# Request for Medical Records Update

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Recipient Name]

[Recipient Title/Position]

[Institution/Hospital Name]

[Address]

[City, State, Zip Code]

Dear [Recipient Name],

I hope this letter finds you well. I am writing to formally request an update to my medical records for academic purposes. As part of my studies at [Insert Institution Name], I require accurate and detailed medical documentation that reflects my health history.

Please find the details of my medical history that need to be updated:

- [Detail 1]
- [Detail 2]
- [Detail 3]

I appreciate your attention to this matter and kindly request that the updated records be sent to my address provided above or to my email at [Your Email Address]. If you need any further information, please do not hesitate to contact me.

Thank you for your cooperation.

Sincerely,

[Your Name]