

Request for Student Health Information

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Title]

[Institution/Organization Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. My name is [Your Name] and I am a current student at [Your Current Institution]. I am writing to formally request my health information for the purpose of transferring to [New Institution Name].

Please include all relevant health records, immunization records, and any other medical documentation that may be required for my transfer process. I understand the importance of maintaining confidentiality and assure you that this information will be used solely for the purposes of my enrollment at the new institution.

For your convenience, I have attached a signed consent form to authorize the release of my health information. If you require any additional information or documentation, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

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

Sincerely,

[Your Name]

[Your Current Institution]

[Your Student ID (if applicable)]