

Request for Academic Health Records

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Institution's Name]

[Institution's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request my academic health records necessary for my enrollment at [Program/Institution Name]. As part of the enrollment process, these records are required to ensure compliance with the health requirements set by the institution.

Please find my student identification number below:

Student ID: [Your Student ID]

In accordance with privacy regulations, I am providing my consent for the release of my health records. If you require any further information or documentation, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

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

Sincerely,

[Your Name]