

Request for Immunization Records

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Recipient's Title]

[Health Department/Clinic Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request a copy of my immunization records for the purpose of school entry for my child, [Child's Name], who is entering [Grade/School Name] this upcoming school year.

Details of my child are as follows:

- Full Name: [Child's Full Name]
- Date of Birth: [Child's Date of Birth]
- Parent/Guardian Name: [Your Name]

These records are essential to ensure my child meets the school immunization requirements. Please let me know if there are any forms or fees required for this process.

Thank you for your assistance. I look forward to your prompt response.

Sincerely,

[Your Name]