

Health Records Inquiry for Student Assessments

Date: [Insert Date]

[Your Name]
[Your Title]
[Your Institution/Organization]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]

[Recipient Name]
[Recipient Title]
[Recipient Institution/Organization]
[Recipient Address]
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to request access to health records for [Student's Name] as part of the assessment process for [specific program or purpose]. This information is essential to ensure that we are able to provide the appropriate support and accommodations tailored to [his/her/their] needs.

We kindly ask that the following information be included in the records provided:

- Medical history
- Current health conditions
- Any special accommodations needed

Please let us know if any forms or additional consent will be required to facilitate this request. We appreciate your prompt attention to this matter and look forward to your response.

Thank you for your cooperation.

Sincerely,

[Your Name]
[Your Title]