

# Immunization Records Request

Date: [Insert Date]

To Whom It May Concern,

I am writing to request my immunization records for the purpose of completing my college application. I am applying to [Insert College/University Name] and they require proof of immunization as part of their admissions process.

My full name is [Insert Full Name], and my date of birth is [Insert Date of Birth]. I have been vaccinated against the following diseases:

- [Insert Vaccine Name 1]
- [Insert Vaccine Name 2]
- [Insert Vaccine Name 3]
- [Insert Vaccine Name 4]

Please send my immunization records to my address below or directly to the admissions office of [Insert College/University Name]:

[Insert Your Address]

Thank you for your assistance in this matter. If you need any further information, please feel free to contact me at [Insert Your Phone Number] or [Insert Your Email Address].

Sincerely,

[Insert Your Name]