

Immunization Records Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Military Medical Facility Name]

[Facility Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request my immunization records as part of the requirements for my military service application. Please find my details below to assist in locating my records:

- Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Social Security Number: [Your SSN]

It would be greatly appreciated if you could send a copy of my immunization records to the address provided above or to my email address at [Your Email]. If you require any further information or documentation, please do not hesitate to contact me.

Thank you for your assistance in this matter.

Sincerely,

[Your Name]