

Request for Immunization Records

Date: [Insert Date]

To Whom It May Concern,

I am writing to request a copy of my immunization records for residency requirements. My details are as follows:

Name: [Insert Name]

Date of Birth: [Insert Date of Birth]

Address: [Insert Address]

Phone Number: [Insert Phone Number]

Email Address: [Insert Email Address]

I need these records to comply with the residency requirements at [Insert Institution or Agency Name]. Please send the records to my email or postal address provided above at your earliest convenience.

Thank you for your assistance.

Sincerely,

[Your Name]