

Immunization Records Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[School's Name]

[School's Address]

[City, State, Zip Code]

Dear [School's Administrator/Registrar's Name],

I am writing to request a copy of my child's immunization records necessary for school enrollment. My child's details are as follows:

Child's Name: [Insert Child's Name]

Date of Birth: [Insert Child's Date of Birth]

Grade Level: [Insert Grade Level]

We appreciate your assistance in providing this important health information. If you require any further details, please do not hesitate to contact me at the above phone number or email address.

Thank you for your attention to this matter.

Sincerely,

[Your Name]