

# Request for Immunization Records

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

To Whom It May Concern,

I am writing to formally request a copy of my immunization records for the purpose of applying for vaccine exemptions for my child, [Child's Name], who is a student at [School Name].

In accordance with applicable laws regarding patient information and immunization records, I would appreciate your prompt assistance in providing these documents. My child's details are as follows:

- Full Name: [Child's Full Name]
- Date of Birth: [Child's Date of Birth]
- School Name: [School Name]

Please send the requested information to my address listed above or via email at [Your Email Address]. Thank you for your attention to this matter.

Sincerely,

[Your Name]