

Immunization Record Update Request

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 request an update to my child's immunization record for school enrollment. Please find the details of my child below:

Child's Name: [Child's Full Name]

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

School Name: [School Name]

Grade: [Grade Level]

Please provide me with a current copy of my child's immunization records reflecting all immunizations received to date. If any additional information is required, do not hesitate to contact me at the number or email provided above.

Thank you for your attention to this matter.

Sincerely,

[Your Name]