

# Immunization Record Update Request

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

Date: [MM/DD/YYYY]

To: [Recipient's Name]

[Recipient's Title]

[Organization/School Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to request an update to my immunization records to ensure my eligibility for participation in [specific sport or activity] for the upcoming season.

As required, I have attached the necessary documents and proof of my recent immunizations. Please update my records accordingly and confirm receipt of this information at your earliest convenience.

Thank you for your attention to this matter. I appreciate your assistance in ensuring a smooth process for my participation in sports.

Sincerely,

[Your Name]