

Authorization for Immunization Transfer

Date: **[Insert Date]**

To Whom It May Concern,

I, **[Parent/Guardian Name]**, am the parent/guardian of **[Child's Name]**, born on **[Date of Birth]**.

Hereby, I authorize the transfer of my child's immunization records from **[Current Provider's Name]** to **[New Provider's Name]**.

Please find attached the necessary documents for the transfer process.

Thank you for your assistance.

Sincerely,

[Parent/Guardian Name]

[Contact Information]

[Address]