

Consent for Immunization Release

Date: _____

To Whom It May Concern,

I, **[Full Name]**, born on **[Date of Birth]**, hereby give my consent for the release of my immunization records.

Please send my immunization records to:

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

This consent is valid until revoked in writing.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]