

# Request for Child's Immunization History

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Recipient Title]

[Facility/Clinic Name]

[Facility Address]

[City, State, Zip Code]

Dear [Recipient Name],

I hope this letter finds you well. I am writing to formally request the immunization history for my child, [Child's Full Name], who was born on [Child's Date of Birth]. As we are planning to enroll [him/her/them] in school, it is essential for us to have an up-to-date record of [his/her/their] immunizations.

Please send the immunization records to my address mentioned above or feel free to contact me if there are any forms to be filled out or fees to be paid. I appreciate your assistance in this matter as it is crucial for [Child's Name] to have an updated immunization record for school enrollment.

Thank you for your attention to this request. I look forward to your prompt response.

Sincerely,

[Your Name]