

Acknowledgment of Immunization Record Extension

Date: [Insert Date]

[Your Name]

[Your Title/Position]

[Your Organization]

[Your Address]

[City, State, Zip Code]

To Whom It May Concern,

We are writing to acknowledge the request for an extension regarding the submission of the required immunization records for [Name of the Individual/Student]. This request has been noted, and we appreciate your efforts in ensuring compliance with health requirements.

Please be informed that the deadline for the updated immunization records has been extended to [New Deadline Date]. We kindly ask that you provide the necessary documentation by this date to avoid any interruptions in services.

If you have any further questions or require assistance, please do not hesitate to reach out to us at [Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]