

Application for Immunization Record Submission Extension

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Recipient Title]

[Organization Name]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request an extension for the submission of my immunization records, originally due on [insert original due date]. Due to [insert reason for extension request], I am unable to meet the original deadline.

I would appreciate if you could grant me an extension until [insert requested new due date]. I assure you that I will make every effort to submit the necessary documentation by this date.

Thank you for considering my request. I look forward to your positive response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]