

Inquiry about Extended Immunization Record Submission

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Organization/Institution Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to inquire about the submission process for extended immunization records to [Organization/Institution Name]. As a [Your Position/Title], I understand the importance of maintaining accurate immunization records for [specific purpose, e.g., compliance, program eligibility, etc.].

Could you please provide detailed information regarding the following:

- The specific documents required for the submission
- Any deadlines that we should be aware of
- The preferred method of submission (e.g., electronic, mailed, etc.)
- If there are any fees associated with the submission

Thank you for your assistance regarding this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Title]

[Your Organization/Institution Name]

[Your Contact Information]