

# Request for Immunization Records Extension

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Recipient's Organization]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request an extension for the submission of my immunization records due to [brief reason for the request, e.g., unforeseen circumstances, illness, etc.]. I understand the importance of maintaining updated immunization records and am committed to fulfilling this requirement.

Having been unable to obtain my records by the original deadline of [insert deadline], I kindly ask for an extension until [proposed new deadline]. This additional time will allow me to acquire the necessary documentation and ensure compliance with health regulations.

Thank you for considering my request. I appreciate your understanding and look forward to your favorable response. Please feel free to contact me if you require any further information.

Sincerely,

[Your Name]