[Date]

[Student Full Name]
[Student ID Number]
[Address Line 1]
[Address Line 2]

Dear [Student Name],

Subject: Verification of Immunization Records and Authorization to Return to Campus

This letter serves to confirm that the [Office Name/Health Services] at [Institution Name] has received and reviewed your submitted immunization documentation.

According to our records, you have met the mandatory health requirements, including:

- [Vaccine Name 1]
- [Vaccine Name 2]
- [Vaccine Name 3]

Based on this verification, you are officially cleared to return to campus and participate in all in-person academic and extracurricular activities effective [Start Date].

Please keep a copy of your immunization records for your personal files. Should you have any questions regarding your health status or additional requirements, please contact the Health Services office at [Phone Number] or [Email Address].

We look forward to having you back on campus.

Sincerely,

[Signature/Name]
[Title]
[Department Name]
[Institution Name]