[Your Name]
[Your Address]
[Your Phone Number]
[Your Email Address]

[Date]

[Recipient Name or Office Name]
[Clinic or School Name]
[Address]
[City, State, Zip Code]

**RE: Request for Immunization Records**

Dear [Recipient Name],

I am writing to formally request a complete copy of the immunization history records for:

**Patient Full Name:** [Full Name]
**Date of Birth:** [MM/DD/YYYY]
**Patient ID/Social Security Number (if applicable):** [ID Number]

I am requesting these records for the purpose of [Reason, e.g., school enrollment, employment, or personal health records].

Please provide the records via [Email/Mail/Pickup]. If there are any fees associated with this request or if you require additional authorization forms, please let me know at your earliest convenience.

Thank you for your assistance with this matter.

Sincerely,

[Your Signature]
[Your Printed Name]