

[Date]

[Pediatrician Name]

[Doctor's Office/Clinic Name]

[Office Address]

[City, State, Zip Code]

RE: Immunization Record Request for [Child's Full Name]

Date of Birth: [Child's Date of Birth]

Dear [Doctor's Name or Records Department],

I am writing to formally request a certified copy of the immunization records for my child, [Child's Name].

These records are required for admission into [Daycare/Preschool Name]. Please ensure the document includes all vaccinations received to date and meets the official state requirements for childcare entry.

Please let me know if there is a specific form I need to sign or a fee for this request. You may provide the records via the following method:

- Email: [Your Email Address]
- Fax: [Daycare Fax Number, if applicable]
- Pickup: I will pick them up on [Date/Time]

Thank you for your prompt assistance with this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Phone Number]