

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title/Position]
[Medical Office/Facility Name]
[Facility Address]
[City, State, ZIP Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to request a copy of my MMR (Measles, Mumps, and Rubella) vaccination records. I require this documentation for [mention the purpose, e.g., school enrollment, travel, employment, etc.].

My personal details are as follows:

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Patient ID or Social Security Number: [Your Patient ID/SSN, if applicable]

Please let me know if there are any forms I need to complete or fees I need to pay in order to obtain these records. I would appreciate it if you could send the records to my address listed above or contact me at my phone number or email for further details.

Thank you for your prompt attention to this matter.

Sincerely,
[Your Name]