

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient's Name]  
[Recipient's Title/Position]  
[Healthcare Provider/Facility Name]  
[Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request a copy of the MMR (Measles, Mumps, and Rubella) vaccination record for [Child's Name/Your Name], who was vaccinated on [Vaccination Date] at [Location of Vaccination].

For your reference, here are the details:

- Full Name: [Child's Name/Your Name]
- Date of Birth: [Child's Date of Birth/Your Date of Birth]
- Vaccine Administration Dates: [List all relevant dates if applicable]

Please let me know if there are any forms or additional information needed to process this request. I appreciate your assistance in providing this important health record.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]