

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title]
[University Health Services]
[University Name]
[University Address]
[City, State, Zip Code]

Dear [Recipient's Name],
I hope this letter finds you well. I am writing to formally request a transfer from [Current UHS Location or Service] to [Desired UHS Location or Service] due to [briefly explain your reason, e.g., "accessibility issues," "specialized care needed," etc.].

I have been a patient at [Current UHS Location] since [start date], and I greatly appreciate the services provided. However, [explain the circumstances that necessitate the transfer, providing any relevant details to support your request].

I kindly request your assistance in facilitating this transfer. Please let me know if further information is required or if there are any forms I need to complete.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,
[Your Name]
[Student ID or Patient ID (if applicable)]