

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[University Name]

[Office of the Registrar]

[University Address]

[City, State, Zip Code]

Dear Registrar,

I am writing to formally request verification of my undergraduate degree as part of the licensing process for [specific professional licensing].

Details of my academic record are as follows:

- Full Name: [Your Full Name]
- Student ID: [Your Student ID]
- Date of Birth: [Your DOB]
- Degree Obtained: [Degree Name]
- Graduation Date: [Graduation Date]

For your convenience, I have included a form enclosed by [licensing board or agency name], which needs to be filled out and returned.

If you require any additional information or a fee to process this request, please let me know at your earliest convenience.

Thank you for your assistance.

Sincerely,

[Your Name]