

Professional Credentials Verification

Date: [Insert Date]

[Verification Agency's Name]

[Verification Agency's Address]

[City, State, Zip Code]

Dear [Verification Agency's Contact Name],

We are writing to formally request the verification of professional credentials for the following individual:

Name: [Employee's Name]

Position: [Position Held]

Company Name: [Company Name]

Dates of Employment: [Start Date] - [End Date]

License/Certification: [Type of License/Certification]

As part of our background check process, it is imperative that we confirm the accuracy of the above credentials. We would appreciate your prompt response to this request.

Please send the verification results to [Your Contact Information or Email Address]. If you require additional information or have any questions, feel free to reach out.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]

[Your Phone Number]

[Your Email Address]