

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Pharmacy Board/Organization Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request verification of my pharmacy license, number [License Number], as part of my applications for future job opportunities. I would appreciate it if you could provide me with a confirmation of my license status, including the dates of validity and any disciplinary actions, if applicable.

Thank you for your assistance in this matter. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you need any further information.

Sincerely,

[Your Name]

[Your Pharmacy School Name, if applicable]