

# Pharmacy License Verification Request

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Pharmacy Board/Regulatory Agency Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request verification of my pharmacy license for my current employment at [Your Employer's Name]. My details are as follows:

- **Full Name:** [Your Full Name]
- **License Number:** [Your License Number]
- **Date of Birth:** [Your Date of Birth]
- **Current Employment:** [Your Employer's Name and Address]

Please send the verification to my employer at the address listed above or to the following email: [Your Email Address]. If you require any further information, please do not hesitate to contact me at [Your Phone Number].

Thank you for your assistance in this matter.

Sincerely,

[Your Full Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]