Academic Record Verification

Date: [Insert Date]

[Your Name]

[Your Title]

[Your Institution Name]

[Your Institution Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To Whom It May Concern,

This letter serves to verify the academic record of [Student's Full Name], who attended [Your Institution Name] from [Start Date] to [End Date]. The academic record has been audited for accuracy and completeness.

Details of the academic record are as follows:

- **Student ID:** [Student ID]
- **Degree Earned:** [Degree]
- **Major:** [Major]
- **GPA:** [GPA]
- **Graduation Date:** [Graduation Date]

If you require any further information or have additional queries, please feel free to contact my office directly using the information provided above.

Sincerely,

[Your Name]

[Your Title]

[Your Institution Name]