

Academic Record Verification

Date: [Insert Date]

To Whom It May Concern,

This letter serves to verify the academic records of:

Student Name: [Insert Student Name]

Date of Birth: [Insert Date of Birth]

Student ID: [Insert Student ID]

Enrolled at:

Institution Name: [Insert Institution Name]

Program of Study: [Insert Program of Study]

Duration of Study: [Insert Duration]

We hereby confirm that the aforementioned student has completed the following courses and has achieved the stated grades:

- [Course Name 1] - Grade: [Grade 1]
- [Course Name 2] - Grade: [Grade 2]
- [Course Name 3] - Grade: [Grade 3]

This verification is provided for the purpose of [Insert Purpose, e.g., "applying for an international study program"].

If you require any further information or clarification, please feel free to contact our office at [Insert Contact Information].

Thank you.

Sincerely,

[Your Name]

[Your Title]

[Institution Name]

[Institution Address]

[Institution Phone Number]