Academic Record Verification

Date: [Insert Date]

[Your Name]

[Your Title]

[Your Organization/Institution]

[Organization Address]

[City, State, Zip Code]

Email: [Your Email]

Phone: [Your Phone Number]

To Whom It May Concern,

This letter is to verify the academic records of [Student's Name], who has applied for membership in [Professional Organization Name].

[Student's Name] was enrolled at [Your Institution's Name] and completed [his/her/their] [Degree] in [Field of Study] on [Date of Graduation]. During [his/her/their] time at our institution, [he/she/they] successfully completed the following coursework:

- [Course Name 1]
- [Course Name 2]
- [Course Name 3]
- [Course Name 4]

Additionally, [Student's Name] maintained a cumulative GPA of [GPA]. [He/She/They] exhibited dedication and commitment to [his/her/their] studies and was an exemplary student.

If you require further information or additional documentation, please do not hesitate to contact me at [Your Phone Number] or [Your Email].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Organization/Institution]