

Academic Record Verification

Date: [Insert Date]

[Your Name]

[Your Position]

[Your Institution/Organization]

[Address Line 1]

[Address Line 2]

[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 attended [Institution's Name] from [Start Date] to [End Date].

[Student's Name] has successfully completed the following degree(s):

- [Degree Title, Major, Graduation Date]
- [Any Additional Degrees or Credentials]

Further, we confirm that [he/she/they] met all the requirements established by our institution for [his/her/their] degree program.

If you require any further information or verification, please do not hesitate to contact us using the details provided above.

Sincerely,

[Your Name]

[Your Position]

[Your Institution/Organization]