

Document Validation Letter

Date: [Insert Date]

[Your Name]

[Your Title]

[Your Institution]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Email: [Your Email]

Phone: [Your Phone Number]

To Whom It May Concern,

This letter serves to confirm the validation of the educational documents of [Student's Name], who attended [Institution's Name] from [Start Date] to [End Date].

The documents are as follows:

- Degree Certificate
- Transcripts
- Other Relevant Documents

These documents have been reviewed and are verified as authentic and valid according to our records.

If you have any questions regarding this validation, please do not hesitate to contact me at the information provided above.

Sincerely,

[Your Name]

[Your Title]

[Your Institution]