

Enrollment Verification Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Third-Party Organization Name]

[Third-Party Organization Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request verification of my enrollment at [Institution Name] for the purpose of [state purpose, e.g., loan application, insurance, etc.]. Below are my details:

Full Name: [Your Full Name]

Student ID: [Your Student ID]

Program of Study: [Your Program Name]

Start Date: [Your Start Date]

Expected Graduation Date: [Your Expected Graduation Date]

Thank you for your attention to this matter. Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you need any further information.

Sincerely,

[Your Name]