

# Academic Affiliation Assurance

Date: [Insert Date]

To Whom It May Concern,

This letter serves to confirm the academic affiliation of [Full Name] with [Institution Name]. [He/She/They] is currently a [Position/Title, e.g., Graduate Student, Research Associate] in the [Department/Program Name].

[Full Name] has been associated with our institution since [Start Date] and is actively engaged in [brief description of academic activities, research, or programs involved].

If you require any further information regarding this affiliation, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Name]

[Your Position/Title]

[Department Name]

[Institution Name]

[Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]