

Educational Affiliation Confirmation

Date: [Insert Date]

[Recipient Name]

[Recipient Address]

[City, State, Zip Code]

Dear [Recipient Name],

This letter serves to confirm your educational affiliation with [Institution Name]. As of [Start Date], you have been officially recognized as [Position/Role] within [Department/Faculty].

Your involvement in [Specific Programs/Activities] greatly contributes to our community, and we look forward to your continued engagement.

If you have any questions or require further information, please do not hesitate to contact us at [Contact Information].

Thank you for your commitment to [Institution Name].

Sincerely,

[Your Name]

[Your Position]

[Institution Name]

[Institution Address]

[City, State, Zip Code]

[Contact Information]