

# Institutional Affiliation Confirmation

Date: [Insert Date]

To Whom It May Concern,

This letter is to confirm that [Recipient's Name] is affiliated with [Institution's Name] as a [Position, e.g., Researcher, Professor, etc.] in the [Department/Unit Name]. [He/She/They] has been associated with our institution since [Start Date] and continues to contribute to our [Research/Teaching/Other activities] in significant ways.

If you have any further questions or require additional details, please feel free to contact us at [Contact Information].

Sincerely,

[Your Name]

[Your Position]

[Institution's Name]

[Contact Information]