

University Affiliation Verification Request

Date: [Insert Date]

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]

[Recipient Name]
[Recipient Title]
[University Name]
[University Address]
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to request verification of my affiliation with [University Name]. I am currently [your position, e.g., a student, faculty member, or researcher] in the [specific department or program]. My details are as follows:

- Name: [Your Full Name]
- Student/Employee ID: [Your ID Number]
- Program/Department: [Your Program/Department]
- Dates of Affiliation: [Start Date] to [End Date (if applicable)]

This verification is required for [explain purpose, e.g., job application, scholarship, etc.]. I would greatly appreciate your assistance in providing this verification at your earliest convenience.

Thank you for your attention to this matter. If you require any additional information, please do not hesitate to contact me.

Sincerely,
[Your Name]