

# Confirmation of Institutional Accreditation Renewal

Date: [Insert Date]

[Your Institution's Name]

[Your Institution's Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Accrediting Body's Name]

[Accrediting Body's Address]

[City, State, Zip Code]

Dear [Accrediting Official's Name],

We are pleased to confirm the renewal of our institutional accreditation by [Accrediting Body's Name] for the period from [Start Date] to [End Date]. This renewal is a testament to our commitment to maintaining high educational standards and providing a quality learning environment for our students.

We appreciate the support and guidance provided by your team throughout the accreditation process. We are dedicated to continuous improvement and look forward to upholding the standards expected of our institution.

Should you require any further information or documentation, please do not hesitate to contact us.

Sincerely,

[Your Name]

[Your Title]

[Your Institution's Name]