

Verification of Counseling Session

Date: [Insert Date]

To Whom It May Concern,

This letter serves to verify that [Client's Name] attended a counseling session on [Date of Session] at [Location of Counseling]. The session was conducted by [Counselor's Name], [Counselor's Qualifications].

The purpose of the session was to address [Brief Description of Issues Addressed]. [Client's Name] has been engaged in the therapeutic process and is committed to their personal development.

Should you require any further information, please do not hesitate to contact me at [Counselor's Contact Information].

Sincerely,

[Counselor's Name]
[Counselor's Title/Position]
[Organization Name]
[Contact Information]