

Transcript Evaluation Request for Professional Licensing

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Recipient's Name]

[Recipient's Title]

[Agency/Organization Name]

[Agency Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request an evaluation of my academic transcripts for the purpose of obtaining professional licensing in [Specify Field/Profession]. Enclosed, please find the required documents and details pertinent to my request.

Applicant Information:

- Name: [Your Full Name]
- Date of Birth: [Your DOB]
- Educational Institution: [Name of Institution]
- Degree Obtained: [Degree Title]
- Date of Graduation: [Graduation Date]

Please let me know if any additional information is required to facilitate this evaluation. I appreciate your assistance in this matter and look forward to your prompt response.

Thank you for your attention to this request.

Sincerely,

[Your Name]