

Educational Credential Verification

Date: [Insert Date]

[Your Name]

[Your Title]

[Your Institution/Company Name]

[Institution Address]

[City, State, Zip Code]

To Whom It May Concern,

I am writing to request verification of educational credentials for the following individual:

Name: [Applicant's Full Name]

Degree: [Degree Earned]

Major: [Major/Field of Study]

Graduation Date: [Month, Year]

Institution: [Name of Educational Institution]

We kindly ask that you confirm the authenticity of the educational credentials mentioned above. Please provide any relevant details including degree status and dates of attendance.

If you have any questions or require further information, please feel free to contact me at [Your Phone Number] or [Your Email Address]. Thank you for your assistance in this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Institution/Company Name]