

Transcript Request for License/Certification Application

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Recipient's Name]

[Recipient's Title]

[Institution Name]

[Institution Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request my academic transcripts to support my application for [specific license or certification name].

Below are my details for record verification:

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Student ID (if applicable): [Your Student ID]

Please send my transcripts to the following address:

[Recipient's Name or Institution]

[Recipient's Address]

[City, State, Zip Code]

If you require any further information, please do not hesitate to contact me. Thank you for your assistance.

Sincerely,

[Your Name]