

Illness Documentation Letter

Date: [Insert Date]

To Whom It May Concern,

This letter is to confirm that [Student's Name], a student at [School/University Name], was unable to attend classes from [Start Date] to [End Date] due to illness.

[Student's Name] has provided the necessary medical documentation, which indicates that they were under the care of a medical professional during this period.

Please allow [Student's Name] to make up any missed assignments or exams as necessary.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Position]

[Contact Information]

[School/University Name]