

Letter of Assent

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Recipient's Name]

[Recipient's Position]

[Institution's Name]

[Institution's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I, [Your Name], hereby grant my assent for the release of my diploma credentials to [Recipient's Institution/Organization] for the purpose of [specify purpose, e.g., employment, further education].

I confirm that my diploma credentials are accurate and up-to-date as per the records held by [Your Educational Institution].

Thank you for your attention to this matter. Please do not hesitate to contact me at [Your Phone Number] or [Your Email Address] should you require any further information.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]