## **Verification of Educational Degrees**

Date: \_\_\_\_\_

To Whom It May Concern,

This letter is to verify the educational qualifications of:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

This individual attended:

Institution Name: \_\_\_\_\_

Degree Received: \_\_\_\_\_

Field of Study: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Our records confirm that the above-mentioned person completed all requirements necessary to receive the degree listed.

If you require any further information or clarification, please do not hesitate to contact us at:

Phone:	

Sincerely,

Authorized Signature

Name: \_\_\_\_\_

Institution Name: \_\_\_\_\_