[Date]

[University Name]
[Registrar's Office Address]
[City, State, Zip Code]

**Subject: Degree Verification Request - [Candidate Full Name]**

To the Office of the Registrar,

Our agency, [Agency Name], is currently conducting a background verification for a candidate, [Candidate Full Name], for a professional position. The candidate has provided your institution as their place of graduation.

We kindly request verification of the following information:

- **Full Name of Student:** [Candidate Full Name]
- **Date of Birth:** [Candidate DOB]
- **Degree Earned:** [e.g., Bachelor of Arts]
- **Major/Field of Study:** [e.g., Computer Science]
- **Date of Graduation:** [Month/Year]
- **Student ID (if applicable):** [ID Number]

Attached to this request is a signed authorization form from the candidate, granting permission for the release of this academic information.

Please let us know if there are any fees associated with this request or if additional forms are required. You may send the verification via email to [Email Address] or by mail to the address listed below.

Thank you for your assistance.

Sincerely,

[Your Name]
[Your Title]
[Agency Name]
[Phone Number]
[Email Address]