

[Your Name/Company Name]
[Department]
[Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]

[Date]

[Recipient Name or Registrar]
[Institution or Certification Body Name]
[Address]
[City, State, Zip Code]

Subject: Verification of Professional Certification and Educational Qualifications

Dear [Recipient Name or Office of the Registrar],

I am writing to request a formal verification of the educational background and professional certifications for the following individual:

- **Full Name:** [Candidate Full Name]
- **Date of Birth:** [Date of Birth]
- **Student/License ID Number:** [ID Number]
- **Degree/Certification Earned:** [Name of Degree or Certification]
- **Date of Completion/Award:** [Month/Year]

Please confirm the validity of these credentials, including the dates of attendance or enrollment and the specific title of the qualification achieved. If there are any disciplinary actions or expiration dates associated with this record, please include that information as well.

Attached to this letter is a signed release form from the individual authorizing the disclosure of this information for employment purposes.

Please send the verification via email to [Your Email Address] or by mail to the address listed above. If there are any fees associated with this request, please contact me before processing.

Thank you for your assistance.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Job Title]