

[Date]

[Recipient Name/Licensing Board Name]

[Recipient Address]

[City, State, Zip Code]

Subject: Verification of Professional License

To Whom It May Concern,

I am writing to formally request a verification of my professional license for the purpose of [Reason for Verification, e.g., Reciprocity, Employment, or Credentialing].

Please find my license information below:

- **Full Name:** [Your Full Name]
- **License Type:** [e.g., Registered Nurse, Architect, Attorney]
- **License Number:** [Your License Number]
- **Date of Birth:** [Your Date of Birth]
- **Social Security Number (Last 4 digits):** [Optional/If Required]

I request that you provide a formal statement or document confirming my license status, including the original date of issuance, current expiration date, and any record of disciplinary action.

Please forward the verification documents directly to the following entity:

[Receiving Agency Name]

[Receiving Agency Address]

[City, State, Zip Code]

[Email/Fax if applicable]

I have enclosed the required processing fee of \$[Amount] in the form of [Check/Money Order/Online Receipt].

Thank you for your assistance. If you require further information, please contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Signature]

[Your Printed Name]