Date: *[today’s date]*

**PRIVATE & CONFIDENTIAL**

To whom it may concern,

**Re: PVcase Education License for** *[faculty member full legal name: must match the first and last name of faculty member’s PVcase account]*

This letter confirms that the above faculty member is currently employed at *[name of institution]*.

Should you require any further information, you may contact *[colleague or administrator name]* at *[email address]*.

PVcase will use the information in this letter solely to verify student eligibility to use PVcase Education licenses, following the PVcase [Privacy Policy](https://pvcase.com/privacy-policy/).

Yours sincerely,

*[signature of faculty college or administrator]*

Name: *[Full name]*Title: *[Full title]*

***Instructions:*** *Fill out gray boxes with appropriate details and have your senior faculty colleague or administrator sign it. The letter must be on the institution's letterhead to be valid for verification. You may either copy and paste into your institution’s letterhead or print on letterhead and scan/photograph in preparation for uploading in support of your request to verify your eligibility to access PVcase products with an Educational license.*