

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Recipient's Name]  
[Recipient's Title]  
[CXC Office / Institution Name]  
[Recipient's Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Request for CXC Certification Verification

I hope this letter finds you well. I am writing to request verification of my CXC certification. Below are my details:

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- CXC Candidate Number: [Your Candidate Number]
- Year of Examination: [Year]
- Subjects Taken: [List of Subjects]

I would appreciate it if you could provide confirmation of my CXC certification status at your earliest convenience. If you require any additional information or documentation, please do not hesitate to contact me.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]