

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

[Recipient Name]  
[Recipient Title]  
[Recipient Institution]  
[Institution Address]  
[City, State, Zip Code]

Dear [Recipient Name],

Subject: Request for CXC Certificate

I hope this message finds you well. I am writing to formally request a copy of my CXC certificate for the examination I completed in [year of examination]. The details of my examination are as follows:

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Examination Year: [Year]
- Center Number: [Your Center Number]
- Candidate Number: [Your Candidate Number]

Please let me know if there are any forms I need to fill out or fees associated with this request. I appreciate your assistance in this matter and look forward to your prompt response.

Thank you for your attention to this request.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]