

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

[Recipient's Name]
[Recipient's Title]
[Company/Organization Name]
[Company Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request the issuance of my Licensed Practical Nurse (LPN) license statement. My details are as follows:

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- License Number: [Your LPN License Number]
- State of Licensing: [State Where Licensed]

Please let me know if any additional information or documentation is required to process my request. I appreciate your prompt attention to this matter and look forward to your response.

Thank you.

Sincerely,

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