

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

Subject: LPN License Verification Request

Dear [Recipient's Name or "To Whom It May Concern"],
I am writing to request verification of my Licensed Practical Nurse (LPN) license as part of my application for [specific purpose, e.g., employment, further education]. My details are as follows:

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- License Number: [Your License Number]
- State of Licensure: [State Where License was Granted]

Please send the verification directly to:

[Recipient's Name or "To Whom It May Concern"]
[New Address, if different from yours]
[City, State, Zip Code]

If there are any fees associated with this request or further information needed, please let me know. Your assistance is greatly appreciated, and I look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,

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