

[Your Name]  
[Your Address]  
[City, State, ZIP Code]  
[Email Address]  
[Phone Number]  
[Date]  
[University Health Services]  
[University Name]  
[Office Address]  
[City, State, ZIP Code]

Dear [UHS Enrollment Office/Specific Person's Name],  
Subject: Enrollment Confirmation for [Your Full Name, Student ID]  
I hope this letter finds you well. I am writing to confirm my enrollment in the University Health Services for the [specific semester or year, e.g., Fall 2023] term.

Please find below the required information for my enrollment:

- Full Name: [Your Full Name]
- Student ID: [Your Student ID]
- Date of Birth: [Your Date of Birth]
- Contact Information: [Your Phone Number and/or Email Address]

I understand the importance of maintaining my health records and accessing necessary health services during my time at the university. Should you require any further information or documentation, please do not hesitate to contact me.

Thank you for assisting me with my enrollment in University Health Services. I look forward to your confirmation.

Sincerely,

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