***\*This letter must be printed on institution letterhead***

*SAMPLE*

Date

American Society of Breast Surgeons

7067 Columbia Gateway Drive, Suite 290

Columbia, MD 21046

Re: ASBrS Medical Student Membership

This letter verifies that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is currently enrolled as a medical

 (name)

student at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and is in good standing. The expected graduation date

 (institution)

is \_\_\_\_\_\_\_\_\_\_\_\_.

(month, year)

Please contact me if you have any questions.

Sincerely,

**Signature**

Name

Title

Telephone