

Date _____

To whom it may concern,

As required by the affiliation agreement between _____

[School Name]

and Lehigh Valley Health Network, I am hereby attesting to the fact that the student(s) listed below:

have documentation current and on file as listed in Section I of the affiliation agreement.

Date / Semester Student/Instructor attending: _____

Location / Unit Student/Instructor attending: _____

Any questions about these requirements should be directed to:

Institutional Official Name _____

Institutional Official Title _____

Contact Telephone _____

Contact Email _____

Signature _____

Please return this signed form to:

Office of Student Affairs, Division of Education
1247 S. Cedar Crest Blvd. Suite 202
Allentown, PA 18103
Ph 610-402-2482
Fx 610-402-2203

Attn: Monet Thorne