

ATTACHMENT 3

[date]

[name of agency and contact]
[address]

Dear _____:

UWM has _____ [insert school or college] students who have applied for clinical placements at your site for the upcoming _____ semester. We have performed criminal background checks on these students and I am pleased to inform you that the following students are certified to participate in the placement:

[list students].

If you have any questions, please contact me at 414/229- _____ or ____@uwm.edu.

Sincerely,