

ATTACHMENT 4

[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 have enclosed the materials on one of the students for whom some activity was reported from the State of Wisconsin Department of Justice [or other entity].

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

Sincerely,