Letterhead

Date

To Whom it May Concern,

If you need to contact Institution Name about Student Name while he or she attends the Juntendo University Clinical Observership Program please contact the following person:

* Name
* Position
* Department
* Phone Number, Email Address

In the event there is a change to the contact person, Institution Name will provide an updated contact person.

Signature and Stamp

Name of The Person Who Signed The Letter

University Name

Office Name

Address

Phone Number

Email Address