

Person, Department or Office Name

Parent School, College or Unit (optional)

13120 East 19th Avenue Street Address *or* P.O. Box # | Aurora, CO 80045 o 123 456 7890 | f 123 456 7890 | first.last@ucdenver.edu nursing.ucdenver.edu

June 12, 2017

Recipient Name Address Line 1 Address Line 2 Address Line 3

Dear [Name],

This is an electronic letterhead template. Please replace this sample text with content of your choice.

This template features 1.13" margins on all sides, with a larger top margin on the first page to account for user or group contact information. Subsequent pages feature equal margins and no logo signature or contact box.

A consistent primary logo signature – limited to university/campus only – appears at top left. The logo is located on the document header; though it appears screened-back on your monitor, it will print in full-color.

Please do not move, alter or resize the logo signature. Additional and/or external logos are not allowed.

All school, college, unit or individual information should be placed in the contact box at top right. Contact information can include user name, school/college/unit affiliation, an optional parent unit affiliation for departments, centers and offices, campus address and multiple forms of contact information.

Sincerely,

Sender Name Title Department