

Cover Letter Example

FAA Civil Aerospace Medical Institute
PO Box 25082
Oklahoma City, OK 73125

FAA Civil Aerospace Medical Institute,

The attached psychological evaluation is required for the completion of [First Name, Last Name]'s medical certificate. Please keep in mind [Legal First Name]'s preferred name [Preferred First Name], and gender pronouns [preferred pronouns] are used throughout the evaluation as [she/he] is a transgender [man/woman]. Expeditious processing of this documentation would be greatly appreciated if possible. Thank you.

[Physician's First and Last Name]
[Physician's Address]
[Physicians Signature]

Client Information:

Legal Name:

Preferred Name:

SSN:

PI:

[Email]

[Phone]

Attached:

- Psychological evaluation from [Physician's Full Name]
- [Any other included documents]