REQUEST FOR VERIFICATION OF ENROLLMENT

Yale University Registrar’s Office
246 Church Street, 3rd floor • PO Box 208321 • New Haven, CT 06520
Phone: (203) 432-2330 • Fax: (203) 432-2334 • Email: registrar@yale.edu

1. This form is for Yale College and GSAS students. Professional school students (Law, SOM, Divinity, EPH, FES, Drama, Music, Architecture, Art, Medicine, Nursing) must request enrollment verification from their school registrar.

2. Requests typically take 3-5 days to process. Allow more time during high volume periods, such as at the beginning and end of each semester. Forms that require information from other offices (e.g. Financial Aid) may require more time.

Name: ___________________________________________  ID #: ____________________
9 digits, starts with 9, see ID

Date of Birth: ___________________________  Res. College/GSAS Dept.: ________________________  Class Year: ________

I am requesting:

☐ a letter generated by the registrar’s office
☐ that the attached form be filled out (requires signature below)

Once complete*:

*NOTE: Original documents include a raised seal, which is not visible on faxes or emails. The word (seal) will indicate where the seal appears on the original letter. If a raised seal is required, choose to pick up or mail the original.

☐ Hold for pick-up at 246 Church St., on the 1st floor

☐ Send via U.S. mail to: __________________________________________
  __________________________________________

☐ Fax* to: __________________________________________
  __________________________________________

  Name of recipient and fax number

☐ Email* to: __________________________________________

  Name of recipient and email address

Special Instructions:
Please use this space to specify additional information to include in a letter, such as GPA, campus residence address, etc. This request form must be signed to release such information.

My signature on this request serves as my consent to release non-directory information that may be requested on this form or on any attached form.

Student Signature: ___________________________________________  Date: ________________

Revised 7/2016