

# 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 1<sup>st</sup> 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: \_\_\_\_\_