

REQUEST FOR VERIFICATION OF DEGREE OR 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: **Enrollment Verification** **Degree Verification**
Letter generated by the registrar's office
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: _____