



OFFICE OF THE REGISTRAR  
**YALE LAW SCHOOL**  
 127 Wall Street  
 New Haven, CT 06511

## Third-Party Request for Degree Verification

**PURPOSE:** Request to receive a verification of enrollment letter. There is no charge for this service.  
**INSTRUCTIONS:** Complete and return to the registrar's office.

If the student has provided a release form, please attach the release.

You may email (registrar.law@yale.edu) or fax (203.432.7069) in your request.

Requests take 24 to 48 hours to process.

**Student Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Class Year (if known): \_\_\_\_\_ Phone: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Email : \_\_\_\_\_

**Requestor Information**

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Email: \_\_\_\_\_

**REQUIRED:**  
 Signature of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

**Verification Information – Check All that Apply**

Name \_\_\_\_\_

Graduation Date \_\_\_\_\_  Degree(s) Awarded \_\_\_\_\_

Dates of Attendance \_\_\_\_\_

Notes: \_\_\_\_\_

**VERIFIED AND COMPLETED BY:**

Name \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_