



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

Request for Verification of Enrollment

PURPOSE: Request to receive a verification of enrollment. There is no charge for this service.
INSTRUCTIONS: Complete and return to the registrar's office. Requests take one to two business days to process.

Student Information

Last Name: _____ First Name: _____
 Student ID#: _____ Class Year: _____
 Date of Birth: _____ Daytime Phone: _____

Quantity and Delivery Instructions

Quantity Requested: _____

I will pick up letter(s).
 Please mail or fax to the address below.

Fax: _____

Student Signature: _____ Date: _____

OFFICE USE
 Date Processed: _____

Staff _____