



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 fax in your request to 203.432.7069. 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: _____