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 24 hours 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** _____