



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: \_\_\_\_\_