

**REQUEST FOR VERIFICATION OF ENROLLMENT**

**Yale University**  
**Faculty of Arts and Sciences**  
**Office of the Registrar**  
**246 Church Street, Third Floor**  
**Phone: (203) 432-2331**

*\*NOTE: Professional school students (Law, Management, Divinity, EPH, FES, Drama, Music, Architecture, Art, Medicine, Nursing) must request enrollment verifications from their own school registrars.*

Last, First, MI	Today's Date	Date of Birth
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Signature	SID#	Res. College	Class Year
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Any additional information  
you would like to appear on  
letter:

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Check all that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Send letter on letterhead | <input type="checkbox"/> Hold letter for pick-up |
| <input type="checkbox"/> Send attached form        | <input type="checkbox"/> Hold form for pick-up   |
| <input type="checkbox"/> Send via regular mail     | <input type="checkbox"/> Send via fax            |

Mailing address(es) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fax number(s) \_\_\_\_\_