

REQUEST FOR VERIFICATION OF ENROLLMENT

Yale School of Architecture
180 York Street, New Haven, CT 06511
Email: arch.verification@yale.edu

1. This form is for Graduate Yale School of Architecture students.
2. Requests typically take 3-5 days to process. Allow more time during high volume periods, such as at the beginning and end of each semester.

Name: _____ **ID #:** _____
9 digits, starts with 9, see ID

Date of Birth: _____ **Program:** _____ **Class Year:** _____

I am requesting:

- a letter generated by the registrar's office
- that the attached form be filled out (*requires signature below*)

Once complete*:

**NOTE: Original documents include a raised seal, which is not visible on faxes or emails. The word (seal) will indicate where the seal appears on the original letter. If a raised seal is required, choose to pick up or mail the original.*

- Hold for pick-up at 180 York St. 3rd Floor**
- Send via U.S. mail to:** _____

Email* to: _____
Name of recipient and email address

Special Instructions:

Please use this space to specify additional information to include in a letter.

My signature on this request serves as my consent to release non-directory information that may be requested on this form or on any attached form.

Student Signature: _____ **Date:** _____