

REQUEST FOR VERIFICATION OF EDUCATION

Yale School of Nursing

Office of Student Affairs

400 West Campus Drive, P.O. Box 27399, Orange, CT. 06477

Tel: 203-785-2389 / Fax: 203-737-5409 / Email: ysn.registrar@yale.edu

1. Please submit completed form, statement and/or consent form (signed by the student or alumnus), and verification form to the Yale School of Nursing, Office of Student Affairs (number & email above). **NOTE: verification requests submitted without a signed consent will not be processed.**

2. While we will do all we can to return your verification prior to its deadline, please note that requests typically take 5-7 business days to process. Allow more time during high volume periods, such as at the beginning and end of each semester. Forms that require information from other offices or need to be completed by faculty (e.g. Financial Aid, program director, etc.) may require more time.

Today's Date: _____

Return form to (Name) _____

Fax* to: _____
Fax number

Email* to: _____
Email address

Phone: _____

Student/Alum Name: _____

Name while enrolled at YSN (if different) _____

Year of Graduation: _____

Deadline for verification: _____
Month/Day/Year