

REQUEST FOR VERIFICATION OF EDUCATION

Yale School of Nursing
Office of Enrollment Management
400 West Campus Drive • Orange, CT • 06477
PO Box 27399 • West Haven, CT • 06516-0972
Phone: (203) 737-2257 • Email: ysn.registrar@yale.edu

Requests typically take 3-5 business days to process. Allow more time during high volume periods, such as the start and end of each semester. Forms that require information or signatures outside of the Office of Enrollment Management (i.e. Financial Aid, Specialty Directors) may require additional time.

Name: _____ **ID#:** _____
9 digits, begins with 9, see Yale ID

Date of Birth: _____ **Specialty/Program:** _____ **Class Year:** _____
MM/DD/YYYY *Expected Graduation*

I am requesting:

Letter generated by Office of Enrollment Management

Attached form completed

Special Instructions:

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

Once complete:

Select all options necessary.

Hold for pick-up at Office of Enrollment Management: Tuesday's from 9 a.m.- 4 p.m. By appointment only. Email Director of Enrollment Management & Registrar, Jana Buck (jana.buck@yale.edu) to schedule pick-up.

Send via U.S. mail to: _____

Name/Institution/Organization

Street Name/P.O. Box

City/State/Zip

Email to: _____

Recipient name and email address

Deadline and Reason: _____

I hereby undersigned consent to the release of non-directory information (GPA, grades, credits, courses, disciplinary information, SSN, Student ID, etc.) requested on this form and any forms associated with this request. I further confirm to be Yale School of Nursing student/alumni authorized to sign this form. My signature and consent may only be revoked in writing directly to the YSN Office of Enrollment Management.

Signature: _____

Original signature required

Date: _____

MM/DD/YYYY