

# 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  
Email: [ysn.registrar@yale.edu](mailto: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.*

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**Once complete:**

*Select all options necessary.*

**Hold for pick-up at Office of Enrollment Management:** Monday-Friday 9 a.m.- 4 p.m.

**Send via U.S. mail to:** \_\_\_\_\_

*Name/Institution/Organization*

\_\_\_\_\_  
*Street Name/P.O. Box*

\_\_\_\_\_  
*City/State/Zip*

**Email to:** \_\_\_\_\_

*Recipient name and email address*

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. By electronically signing the line below, I agree my e-signature is the legally binding equivalent of my handwritten signature. My signature and consent may only be revoked in writing directly to the YSN Office of Enrollment Management.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*MM/DD/YYYY*