



APPLICATION FOR CERTIFICATE OF GRADUATION

Note that your signature below must be notarized. Please contact Office of the Secretary, Diplomas at 203.432.7141 with any questions regarding this application. Mail completed application, with a \$20 processing fee (payable to Yale University), to: Office of the Secretary, Diplomas, P.O. Box 208230, New Haven, Connecticut 06520-8230; or, for overnight delivery, to Office of the Secretary, Diplomas, 105 Wall St., Rm. 1, New Haven, Connecticut 06511.

Name _____ Date _____

Address _____

City/State/Zip code _____

Telephone _____ E-mail _____

Degree and date _____ School _____

Name on diploma _____ Male _____ Female _____

Reason for requesting a certificate _____

I hereby certify that the above statements are true. I understand that Yale University reserves the right to institute any appropriate legal or other proceedings for misrepresentation of the information stated above, or in the case of fraud.

Signature _____ Date _____

I hereby certify that this applicant has shown proof of identity sufficient to establish that he or she is the person named above.

Notary Public _____ Date _____

My commission expires on: _____