



APPLICATION FOR TRANSLATION

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*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.*

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Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip code \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Degree and date \_\_\_\_\_ School \_\_\_\_\_

Name on diploma \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Reason for requesting a translation \_\_\_\_\_

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\_\_\_\_\_

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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: \_\_\_\_\_