



APPLICATION FOR CERTIFICATE OF GRADUATION

*Note that your signature below must be notarized. Please contact Barbara Mongillo at 203.436.9059 with any questions regarding this application. Mail completed application, with a \$20 processing fee (payable to Yale University), to: Barbara Mongillo, Office of the Secretary, P.O. Box 208230, New Haven, Connecticut 06520-8230; or, for overnight delivery, to Barbara Mongillo, Office of the Secretary, 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 \_\_\_\_\_

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: \_\_\_\_\_