



APPLICATION FOR TRANSLATION

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 translation _____

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: _____