

# Yale SCHOOL OF MUSIC

Office of the Student Services

VERIFICATION LETTER  
REQUEST

\_\_\_\_\_  
Name

\_\_\_\_\_  
Class

*P.O. Box 208246  
New Haven, CT 06520-8246*

\_\_\_\_\_  
Current Mailing Address

*Campus address:  
Sprague Memorial Hall  
98 Wall St*

\_\_\_\_\_  
Student ID #

\_\_\_\_\_  
Instrument / Degree

*T 203 432-4151  
F 203 432-7448*

Letter will be:     Picked up     Mailed to address below

No. Requested: \_\_\_\_\_

\_\_\_\_\_  
Send letters to:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office use only

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