



# Request for a Letter of Enrollment

Students may request a letter of enrollment for any term in the current academic year.\* A separate letter is issued for each term requested. The letter includes the student's name, student identification number, term dates, course registration for the term, and credit status. It does not include grades.

The letter of enrollment is embossed and signed by the Registrar. It may be sent directly to third parties or to students in a signed, sealed envelope. There is no charge. Requests for letters of enrollment are not processed until after the 50 percent tuition refund period of each term. Letters are not issued for students who have not met their financial obligations to Harvard University.

\* Students who need proof of enrollment in earlier terms should request a copy of their transcript.

## Instructions for Ordering a Letter of Enrollment

- Print all requested information legibly and in ink.
- Indicate the type(s) of letter(s) requested.
- Provide exact names and complete addresses of recipients where appropriate.
- Sign the form where indicated.
- Submit completed form(s) by mail or fax to Academic Services, 51 Brattle Street, fifth floor.
- Allow a minimum of 48 hours for processing.

## Please Provide All Information Requested

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
City State Zip/Postal code Country (if not US)

Social Security/Student ID number \_\_\_\_\_ Daytime telephone number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

E-mail address \_\_\_\_\_

I authorize release of my enrollment information for the specified year and term to the recipient below.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Year \_\_\_\_\_ Select a term:  Fall  Spring  Summer

## Indicate the Type(s) of Letter(s) of Enrollment Requested

- Official copy sent to the student's current mailing address in a signed and sealed envelope for forwarding to a third party. The third party address is not needed. Number of copies needed \_\_\_\_\_.
- I prefer to pick up my letter of enrollment. Please call me at (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_ (local number only) when my letter of enrollment is ready. Number of copies needed \_\_\_\_\_.
- Official copy sent directly to a third party. Number of copies needed \_\_\_\_\_.

## Print complete name and address of third party recipient below. Complete a separate request for each recipient.

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
City State Zip/Postal code Country (if not US)