



# HARVARD DIVISION OF CONTINUING EDUCATION

Harvard University Extension School • Harvard Summer School  
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## 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. Requests for a letter of enrollment ordinarily are processed within a minimum of 48 hours from the date of receipt; however, it may take longer to process requests during busy periods.

\* 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, fax, or in person to the above address. Telephone and e-mail requests are not accepted.
- Letters of enrollment cannot be faxed or e-mailed.

### PLEASE PROVIDE ALL INFORMATION REQUESTED

STUDENT FULL LEGAL NAME (exactly as printed on your passport or other government-issued photo identification)		
Last/Family/Sur name(s)	First/Given name(s)	Middle name(s)

MAILING ADDRESS		
Street and number (including apartment number)		
City	State/Province	Zip/Postal code
Country (if other than US)	Local daytime phone number (with extension)	
Student's personal and unique e-mail address (SEL)		
Social Security/DCE @ ID number	Select a term in the current academic year <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	

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

Student signature (required) \_\_\_\_\_ Date \_\_\_\_\_

## 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. Number of copies needed \_\_\_\_\_.
- I prefer to pick up my above letter of enrollment. Please call me at (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_ (local number only) when my letter of enrollment is ready.
- Official copy sent directly to a third party. Number of copies to be sent to this recipient \_\_\_\_\_  
Print complete name and address of third party recipient below. *Complete a separate request for each recipient.*

RECIPIENT NAME AND ADDRESS		
Recipient name		
Address 1		
Address 2		
City	State/Province	Zip/Postal code
Country (if not US)		