

**YALE UNIVERSITY
CERTIFICATE OF LOCATION OF PROFESSIONAL SERVICES**

Professional services provided by _____
(Name of organization)

to Yale University have been and will be performed exclusively outside of the United States and solely in
the following countries _____.

_____ will notify Yale University Tax Department at
(Name of organization)

Daysi.cardona@yale.edu if and when services are performed in the U.S.

Under penalties of perjury, I hereby certify that the above statements are true and complete to the best of my knowledge. I agree to notify the University Tax Department immediately if any of the information above changes.

Signature of authorized representative

Print Name

Title of authorized representative

Date (MM-DD-YYYY)