



INFORMATION REQUEST

Law Registrar/Academic Services Center

NAME: _____ **STUDENT ID: B** _____

ALUMNI ONLY		
SSN (last 4): _____	DOB: _____	GRADUATED: _____

- | | |
|---|---|
| <input type="checkbox"/> COPIES: APPLICATION / LSAC | <input type="checkbox"/> OFFICIAL TRANSCRIPT |
| <input type="checkbox"/> ELECTRONIC TRANSCRIPT (eSCRIP-SAFE)* | <input type="checkbox"/> RANK IN CLASS (not provided on transcript) |
| <input type="checkbox"/> ENROLLMENT VERIFICATION | <input type="checkbox"/> UNOFFICIAL TRANSCRIPT |
| <input type="checkbox"/> LETTER OF GOOD STANDING | <input type="checkbox"/> OTHER - SPECIFY: _____ |

PURPOSE:

- | | |
|--|--|
| <input type="checkbox"/> CERTIFICATION OF ENROLLMENT | <input type="checkbox"/> SUMMER COURSES ELSEWHERE |
| <input type="checkbox"/> EXTERNSHIP/INTERNSHIP | <input type="checkbox"/> TRANSFER - INSTITUTION: _____ |
| <input type="checkbox"/> INSURANCE | <input type="checkbox"/> VISITING STUDENT |
| <input type="checkbox"/> JOB PLACEMENT | <input type="checkbox"/> OTHER - SPECIFY: _____ |

PICK UP

EMAIL* Address: _____

MAIL

Name / Attention: _____

University / Business: _____

Address: _____

City: _____ State: _____ Zip: _____

SIGNATURE: _____

DATE: _____