INFORMATION REQUEST FORM

Name: ___________________________________________ Student ID: B___________________________

For Alumni Only:
SSN (last 4): ___________ DOB: _________ Graduation Date: ____________

Information Requested:

☐ COPIES: APPLICATION / LSAC ☐ OFFICIAL TRANSCRIPT
☐ ENROLLMENT VERIFICATION ☐ RANK IN CLASS (not provided on transcript)
☐ LETTER OF GOOD STANDING ☐ OTHER - SPECIFY: __________________________

ELECTRONIC TRANSCRIPTS CAN BE REQUESTED FROM THE NATIONAL CLEARINGHOUSE:
National Clearinghouse
A fee will be charged for electronic transcripts at the time of order.

Purpose of Request (will not be processed if left blank):

☐ CERTIFICATION OF ENROLLMENT ☐ SUMMER COURSES ELSEWHERE
☐ EXternship/internship ☐ TRANSFER - INSTITUTION: ________________
☐ INSURANCE ☐ VISITING STUDENT
☐ JOB PLACEMENT ☐ OTHER - SPECIFY: __________________________

Delivery Preference:

☐ PICK UP
☐ MAIL:
Name / Attention: ________________________________________________________________
Address: ______________________________________________________________________
City: __________________________ State: _________ Zip: __________

Submit Form: EMAIL - Abigail Kent: arkent@okcu.edu
MAIL - Oklahoma City University School of Law
Attn: Law Registrar Office
800 N. Harvey
Oklahoma City, OK  73102

Signature: _______________________________ Date: _______________