



OKLAHOMA CITY UNIVERSITY
SCHOOL of LAW

INFORMATION REQUEST FORM

Name: _____ Student ID: B _____

For Alumni Only:

SSN (last 4): _____ DOB: _____ Graduation Date: _____

Information Requested:

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

ELECTRONIC TRANSCRIPTS CAN BE REQUESTED FROM PARCHMENT:
[Parchment E-Transcript Request](#)
A fee will be charged for electronic transcripts at the time of order.

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

- | | |
|------------------------------------------------------|--------------------------------------------------------|
| <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: _____ |

Delivery Preference:

- PICK UP
- MAIL:
 Name / Attention: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Submit Form: EMAIL - lawregistrar@okcu.edu
 MAIL - Oklahoma City University School of Law
 Attn: Law Registrar Office
 800 N. Harvey, Suite 315
 Oklahoma City, OK 73102

Signature: _____ Date: _____