

Transcript Request Form

STUDENT INFORMATION (please print)

Last Name: _____ First Name: _____

Name at time of graduation (*if applicable*): _____

Student ID Number: _____ Year of Graduation (*if applicable*): _____

Phone Number: _____ E-mail Address: _____

Signature: _____ Date: _____

OFFICIAL OR UNOFFICIAL TRANSCRIPT

_____ OFFICIAL TRANSCRIPT: An official transcript is printed on official transcript paper and has the signature of the School of Law, Registrar. It is in a sealed envelope which is also has the signature of the School of Law, Registrar.

Number of official transcripts desired: _____

_____ UNOFFICIAL TRANSCRIPT: An unofficial transcript is printed on plain white paper.

Number of unofficial transcripts desired: _____

PLEASE CHECK ONE

_____ I will pick up my transcript(s) from the School of Law, Office of Academic Records (rm. 114)

_____ I would like my transcript mailed to:

Name or Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

OFFICE OF ACADEMIC RECORDS USE ONLY:

Date Form Received: _____

OAR Staff: _____

Date Form Processed: _____

OAR Staff: _____