



SCHOOL OF LAW
121 Hofstra University
Hempstead, NY 11549

Office of Academic Records Request for Letter of Enrollment

For Assistance: 516.463.5917 Monday – Friday, 9 a.m. to 5 p.m.
Fax: 516.463.6251
Room 114
E-mail: lawoar@hofstra.edu

Directions: Complete the form below and sign below.

STUDENT INFORMATION

Name: _____
First Middle Last

Student ID (700 #): 700 - _____ Social Security #: _____
(if requested for letter)

Status *(Check one)*: Year of graduation: Degree *(Check one)*:
 Full-time Day J.D.
 Part-time Day LL.M.
 Part-time Evening

CONTACT INFORMATION

Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____

ENROLLMENT LETTER RECIPIENT

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____

Check one (The Enrollment Letter will be available within two (2) business days of receipt of this form):
 Will pick up
 Send to recipient

Signature: _____ Date: _____