HOFSTRA UNIVERSITY
School of Law
121 Hofstra University
Hempstead, NY 11549

Office of Academic Records
Transcript Request Form

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: **Return form to the Office of Academic Records.**

STUDENT INFORMATION - Print clearly

Date: _____ 700#: _____ Year of graduation (*if applicable*): _____

_____ _____
Last Name *First Name*

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

Phone Number: _____

Check Applicable Box

☐ **Official Transcript:** An official transcript is printed on Scrip-Safe transcript paper, is signed by the Assistant Dean of Academic Records, embossed with the school seal and delivered in a sealed envelope. Number desired: _____

☐ **Student Transcript:** A student transcript is printed on white paper and is stamped student transcript. Number desired: _____

☐ **I will pick up my transcript.**

☐ **Please send a transcript of my record to**:

Name or Organization: _____

Address: _____

City: _____ State_____ Zip_____

OFFICE USE ONLY

DATE RECEIVED: _____ _____ DATE PROCESSED: _____ _____
OAR Staff *OAR Staff*

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