

**Letter of Enrollment Request Form**

STUDENT INFORMATION (please print)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Semester: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE CHECK ONE

I will pick up my letter of enrollment from the School of Law, Office of Academic Records (rm. 114). *(Please note: The letter of enrollment will be available within two (2) business days of receipt of this form.)*

I would like my letter of enrollment mailed to:

Name or Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OFFICE OF ACADEMIC RECORDS USE ONLY:

Date Form Received: \_\_\_\_\_

OAR Staff: \_\_\_\_\_

Date Form Processed: \_\_\_\_\_

OAR Staff: \_\_\_\_\_