

**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: \_\_\_\_\_