

Office of Academic Records and Registrar 126 Hofstra University Memorial Hall, Room 207 Hempstead NY 11549 T: 516-463-5917 F: 516-463-6421 lawoar@hofstra.edu

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 en 114). (Please note: The letter of en of this form.)	rollment from the School of Law, Crollment will be available within t	Office of Academic Records (rm wo (2) business days of receipt
I would like my letter of enro	llment mailed to:	
Name or Organization	1:	
Address:		
	State:	
Additional Notes:		
OFFICE OF ACADEMIC RECORD	OS USE ONLY:	
Date Form Received:	OAR Staff:	
Date Form Processed:	Processed:OAR Staff:	