

STUDENT REQUEST FORM

Certifying Degree, Certifying Enrollment, Good Standing with or without Ranking

NOTE: PLEASE REQUEST INFORMATION AT LEAST 24 HOURS IN ADVANCE. We will make every effort to honor your request IN A TIMELY MANNER - AS TIME PERMITS

*****Requests made on this form will be processed by The Law School Registrar, Ms. Pearly Pendenque in room 214A along with all other requests.**

I, _____ request that the following information be furnished.

Phone Number (_____) _____ - _____ Student I.D. _____

(PLEASE CHECK ONLY THE INFORMATION NEEDED)

____ **Certify Degree**
____ **Certify Enrollment**
____ **Good Standing**
____ **Include Ranking** _____ **Yes** _____ **No**

OTHER INFORMATION NEEDED – PLEASE BE SPECIFIC _____

NOTE: UNOFFICIAL TRANSCRIPTS ARE AVAILABLE BY ACCESSING YOUR STUDENT ACCOUNT
OFFICIAL TRANSCRIPTS MAY BE PURCHASED IN THE UNIVERSITY REGISTRAR'S OFFICE

Please indicate the name and full address of company/school(s) letters are to be communicated to.

Company/School _____	Company/School _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Contact Person _____	Contact Person _____
E-Mail _____	E-Mail _____

Please check your classification:

1st Year 2nd Year 3rd Year Academically Dismissed -Year _____ Year Graduated _____
Credit Hours _____ GPA _____

Should Letter(s) Be Mailed? _____ **Yes** _____ **No** **Fax No.** _____

Reason for Request: _____

Student Signature _____ **Date Requested** _____

Office Use Only

Job Completed _____ **Mailed** _____ **Emailed** _____ **Faxed** _____