

TRANSCRIPT REQUEST

NAME: _____ **SS#** _____ / _____ / _____

OF COPIES _____ **ENTRANCE YEAR** _____ **GRAD. YEAR** _____

SIGNATURE: _____ **DATE** _____

YOUR ADDRESS: _____

SPECIAL REQUIREMENTS: (check as many as apply)

- | | |
|---|---|
| _____ include rank? | _____ Pick up here? |
| _____ Copy of LSDAS Report?
(Required only by other law schools) | _____ And in Sealed/Signed Envelope?
(to be hand-delivered without being a student copy) |
| _____ Letter of Good Standing
(Required only by other law schools) | |
| _____ Hold for _____ grades?
(Summer, Fall, Spring) | |

(We require two business days to prepare transcripts)

Transcripts may be withheld unless all fees due to the College have been paid.

MAIL TO: _____

