STETSON LAW

Academic Data Request Form

Name: _____ , _____ , _____
Last First Middle Initial

Student ID or SSN _____ - _____ - _____

Phone Number: ( ) -

Email Address: _____

Please Check One of the Following:

___ Current Student - Anticipated Graduation Date: _____

___ Former Student - Graduation Date: _____

I REQUEST THE FOLLOWING:

___ **Enrollment Verification:**
- ___ Letter with dates of attendance
- ___ Complete the attached form

___ **Letter of Good Standing:**
- ___ Include class rank
- ___ Include expected graduation date
- ___Include graduation certification

___ **Replacement or Additional Diploma:**

There is a $15.00 fee on Replacement Diplomas. The fee is payable by cash, check, or by calling our Business Office at (727) 562-7805 and using a credit/debit card.

Name on Replacement or Additional Diploma: _____

___ **Copy of Law School Application**

___ **Copy of LSAT Report**

___ **Documents for JD/MBA Application**

PLEASE FURNISH THE DATA ABOVE TO THE FOLLOWING:

_____ Student will pick up; or

_____ Mail to:

(1) _____

_____

_____

(2) _____

_____

_____

My signature authorizes the College of Law to provide a copy of the above requested documents.

SIGNATURE: _____ Date: _____

(For Office Use Only)		
Amount Due:	Amount Paid:	Date Processed:
		Processed By:

Stetson University College of Law - Registrar's Office
1401 61st Street South, Gulfport, FL 33707
Phone: (727) 562-7803 **Fax: (727) 345-2607** **Email: reg@law.stetson.edu**