TRANSCRIPT AND DATA REQUEST FORM

CHECK ONE:

___ **Current Student**

___ **Former Student**

NAME: _____
Last First Middle

ID or SSN: _____-_____-_____ Phone Number: (_____) _____-_____

I REQUEST THE FOLLOWING:

___ **Stetson Law School Transcript**

# of copies needed _____

Do you want your transcripts in sealed envelopes?
_____ Yes _____ No If yes, how many? _____

Fee: $3.00 for first copy/$1.00 for each additional copy

____ Include social security number. **(Your transcript will not have your SSN# on it, unless you check here.)**

____ Include rank in class.

____ Process after present course grades are completed.

____ Process after present course grades and rank are completed.

Reason for Transcript:

____ Personal Records

____ Job Interview

____ Attempting to Transfer to Another Law School (Additional paperwork is required, see Registrar)

____ Attempting to Visit or do a Summer Abroad Program at Another Law School (Additional paperwork is required, see Registrar)

___ **Enrollment verification** (include address below)

____ Letter with dates of attendance.

____ Complete attached form.

___ **Letter of good standing** (include address below)

____ Include rank in class.

____ Include expected graduation date.

____ Include graduation certification.

___ **Copy of Application**

___ **Other (Please describe):**

_____

PLEASE FURNISH THE DATA CHECKED 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 Mailed/Picked Up: / /

Stetson University College of Law – Registrar's Office
1401 61st Street South ▪ Gulfport, FL 33707-3299 ▪ (727) 562-7803 ▪ Fax: (727) 345-2607
E-mail: registrar@law.stetson.edu ▪ Internet: http://www.law.stetson.edu/registrar