Georgia Law

Office of Student Affairs & Registrar

Student Academic Record Request

Full name: _____
First Middle Last

Last 4 digits of social security number: _____ **Graduation year:** _____

I am requesting a (circle one):

(a) School of Law transcript

(b) Enrollment verification

(c) Letter of good standing

(d) Other _____

Number of copies needed (limit of 5 per day): _____

Please mail to: _____

_____

_____

or

Please hold for pick up (will be held for 3 weeks): ☐

By signing below, I hereby consent to and authorize the release of the documents outlined above, to myself or the person or office named on this form.

Signature: _____

Date: _____

PLEASE ALLOW A MINIMUM OF ONE BUSINESS DAY FOR PROCESSING

Revised 11/08/2007