

Law School Registrar's Office Student Academic Record Request

Full name:	First		
	First	Middle	Last
Student 810 num	ber:		D.O.B
Graduation year:			
I am requesting a	(circle one):		
(a) Official Law School Grade Report			
(b) Enrollment verification			
(c) Letter of good standing			
(d) Other			
Number of copies needed (limit of 5 per day):			
Please mail to: _			
-			
Or hold for pick u			
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:		Da	te:

Please return this form to Paula McBride, Law School Registrar, either in person, email (<u>mcbride1@uga.edu</u>), or fax 706-542-2489.

PLEASE ALLOW A MINIMUM OF ONE BUSINESS DAY FOR PROCESSING

Revised 11/08/2007