



Law School Registrar's Office  
Alumni Academic Record Request

Full name: \_\_\_\_\_  
                                        First                                        Middle                                        Last

Other names used while in law school: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Graduation year: \_\_\_\_\_

I am requesting a (circle one):

(a) Official Law School Grade Report (transcript)

(b) Other \_\_\_\_\_

Number of copies needed (limit of 5 per day): \_\_\_\_\_

Email to: \_\_\_\_\_

Please mail to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*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 return this form to Paula McBride, Law School Registrar, either in person, email ([mcbride1@uga.edu](mailto:mcbride1@uga.edu)), or fax 706-542-2489.

**\*PLEASE ALLOW A MINIMUM OF ONE BUSINESS DAY FOR PROCESSING\***