

Office of Student Affairs & Registrar Student Academic Record Request

| First Middle Last |
|--|
| UGA Identification number (810#): |
| Law School Graduation year: |
| I am requesting a (choose one): |
| (a) Copy of law school application |
| (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 School of Law to release of the documents outlined above to myself or the person or office named on this form. |
| Signature: |
| Date: |