

Office of Student Affairs & Registrar Student Academic Record Request

Full name:				
UGA Identificatio	First on number (810#): _	Middle	Last	
Law School Graduation year:				
I am requesting a	a (choose one):			
(a) Unofficial Law School 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 School of Law to 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