

GENERAL REQUEST FORM

Legal Name: _____ Date: _____ ID#:

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(Print)

Phone: _____ Signature: _____

Please choose one: ☐ Pick-Up ☐ Send (to address below)

I GIVE PERMISSION FOR THE LAW REGISTRAR'S OFFICE TO RELEASE THE SPECIFIED INFORMATION THE RECIPIENT(S) LISTED BELOW:

☐ Verification of Attendance: Semester(s) & Year: _____ to _____

Or ☐ Expected date of graduation

Please indicate the name of your parent if this information should be referenced in the letter.

☐ Complete the enclosed form

☐ Other: _____

Purpose/Reason for Request: _____

PLEASE ADDRESS TO:

☐ To Whom It May Concern

☐ Other(s): _____

* If you need a confirmation of grades, please fill out a transcript request form.

Allow a minimum of 3 working days to process this request.

Law Registrar Staff:

Received: _____ Initial when completed: _____ Date Completed/Mailed: _____

This form must be submitted to the Law Registrar's Office, KN 220
Or faxed to the Law Registrar's office at (415) 422-4199