



ACADEMIC RECORD REQUEST

The Registrar's Office requires at least 24-48 hours to process all requests.

If your record has a HOLD, no transcript can be issued until the HOLD has been cleared.

Student records are confidential and documents are produced only upon written request of the student.

Please write legibly.

Print Name: _____ Student #/SSN: _____
Signature: _____
Email Address: _____ Phone Number: _____
Alums: Last Term of Attendance: _____

TRANSCRIPT REQUEST: All transcripts are \$5 per copy.

- If you are requesting a transcript in person, the fee of \$5 per copy must be paid to the Accounting Office, Room 306, before this request can be submitted and processed.
If you are faxing or mailing in this form, please include your credit/debit card information below, or include a check or money order made payable to MSU College of Law.

Credit/Debit Card Information (print legibly):

Visa Master Card Discover American Express

Name on Card: _____
Number: _____ 3 Digit Security Code (on back): _____
Exp. Date: _____ Zip Code: _____ 4 Digit Security Code (on front of AM EX only): _____
Signature: _____
Amount: _____

Number of OFFICIAL transcripts: _____

- mail to a third party at the address below in a sealed envelope
(circle one) give/mail to student in a sealed envelope (NOTE-- We do not guarantee that other universities will accept this as OFFICIAL.) Please DO NOT fill in your address if you plan to pick the transcript up in person.

Name: _____

HOLD TRANSCRIPT FOR SEMESTER FINAL GRADES

Address: _____

City: _____ State: _____ Zip Code: _____

Number of UNOFFICIAL Transcripts: _____

- Student will pick up OR If to be mailed or faxed, send to:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Or Fax Number: _____

ALL OTHER REQUESTS ARE ON THE REVERSE SIDE

Please indicate the number of each item you are requesting. There is no fee associated with the following items. This page is not required if you are only requesting a transcript.

Letter of Good Standing: # _____

- To be Mailed
- To be Faxed
- Student will pick up

***Enrollment Verification Letter: # _____**

***Please indicate semester of verification: _____**

- To be Mailed
- To be Faxed
- Student will pick up

Class Rank Letter: # _____

- To be Mailed
- To be Faxed
- Student will pick up

LSAT Report: # _____ whole report OR front page (summary)

- To be Mailed
- To be Faxed
- Student will pick up

Proof of Graduation Letter: # _____ *(Proof/date of graduation is printed on transcript)*

- To be Mailed
- To be Faxed
- Student will pick up

Other: _____

- To be Mailed
- To be Faxed
- Student will pick up

If any of the above are to be mailed:

Provide recipient's mailing address below:

OR

- sent to the same address as the transcript:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Fax Number: _____

This form can be faxed, mailed, or brought in person to the Registrar's Office.

Michigan State University College of Law
Registrar's Office
309 Law College Building
East Lansing, MI 48824-1300
Phone Number: 517-432-6820
Fax Number: 517-432-6821