



Academic Record Request

MSU College of Law ♦ Office of the Registrar ♦ 648 N. Shaw Lane, Rm. 309, East Lansing, MI 48824

Phone Number: 517-432-6820 ♦ Fax Number: 517-432-6821 ♦ Email: regist@law.msu.edu

Print Name: _____ Student Number/SSN: _____

Email Address: _____ Phone Number: _____

Level: J.D. LL.M./M.J. Guest Last Term of Attendance (alums only): _____

I hereby request the following document(s):

Official Transcript; Quantity: _____ **Unofficial Transcript**; Quantity: _____

Hold Transcript(s) for Semester Final Grades

Letter of Good Standing; Quantity: _____ **Class Rank Letter**; Quantity: _____

Summary/Front Page of LSAT Report; Quantity: _____ **Entire LSAT Report**; Quantity: _____

Semester Enrollment Verification Letter; Quantity: _____ and Semester of Verification: _____

Proof of Graduation Letter (date of graduation is printed on transcript); Quantity: _____

Other Document(s): _____; Quantity: _____

Please select one method for you or a third-party to receive the requested documents above:

Student/alum will pick up at MSU College of Law. Send via USPS First Class mail to the recipient below.

Send via email or fax to the recipient below. **Official transcripts and documents cannot be emailed or faxed.**

Send via UPS/DHL Overnight to the recipient below and I have completed the credit card information on the backside of this form. **Requests to be sent via UPS/DHL Overnight without credit card information will not be processed.**

Please send the requested documents above to the following recipient:

Recipient Name (required): _____

Address (if applicable): _____

Email address (if applicable): _____ Fax Number (if applicable): _____

This form may be submitted via mail, fax, email, and in person to the address listed at the top of this form. **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. **Electronic signatures are not accepted.**

Student/Alum Signature: _____ Date: _____

I:\RO Forms\Academic Record Request Form.docx			
OFFICE USE ONLY: Staff Initials: _____	Date Processed: _____	Mailed: _____	Updated 7/13/17



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ONLY FILL OUT THIS INFORMATION IF YOU ARE REQUESTING YOUR DOCUMENTS BE SENT VIA UPS/DHL OVERNIGHT:

I understand that my credit/debit card will be charged standard UPS/DHL overnight rates. It is highly recommended that credit card information not be emailed. Please fax, mail, or submit the form in person.

Credit card information:

Visa Master Card Discover American Express

Name on Card: _____

Card Number: _____ Exp. Date: _____

Signature: _____ Date: _____