



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 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 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: _____

OFFICE USE ONLY: Staff Initials: _____ Date Processed: _____ Mailed: _____ Updated 4/21/17



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

I understand that my credit/debit card will be charged standard UPS 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: _____