



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 print legibly.

Print Name: PID/SSN:

Signature: Please check: JD or LLM

Email Address: Phone Number:

Alums: Last Term of Attendance: Date:

THERE IS NO FEE FOR TRANSCRIPTS

TRANSCRIPT REQUEST:

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/ faxed/emailed, send to:

Name:

Address:

City: State: Zip Code:

Fax Number: Email address:

By checking this box I authorize these transcripts be sent via UPS overnight. I understand that my credit/debit card will be charged standard UPS overnight rates.

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:

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 or Emailed
- Student will pick up

***Enrollment Verification Letter: #** _____

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

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

Class Rank Letter: # _____

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

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

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

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

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

Other: _____

- To be Mailed
- To be Faxed or Emailed
- 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: _____ Email address: _____

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

Michigan State University College of Law
Registrar's Office
648 N. Shaw Lane, Room 309
East Lansing, MI 48824
Phone Number: 517-432-6820
regist@law.msu.edu
Fax Number: 517-432-6821