



**DOCUMENT REQUEST FORM**  
*Office of the Registrar*

**I.D. NUMBER:**  **or**

**S.S. NUMBER Last Four:**  **PHONE:** --

**NAME:** \_\_\_\_\_  
LAST FIRST MIDDLE

**PLEASE CHECK FROM THE SELECTIONS BELOW:**

**CLASS LEVEL:** 1L ☐ - 2L ☐ - 3L ☐ - LLM ☐ - ALUM ☐

**LETTER TO VERIFY:** DEGREE EARNED ☐ - ENROLLMENT ☐

**ADDRESSED TO:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ **COPY OF COLLEGE OF LAW APPLICATION**

☐ **CLASS RANK** - percent & number (no letter)

☐ **OTHER** (please explain in detail)

\_\_\_\_\_  
☐ **TO BE PICKED UP**

☐ **TO BE EMAILED**

☐ **ADDRESS TO BE MAILED** (If different from above): \_\_\_\_\_

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Your request will be available to you within three to five business days after you have completed and returned this form to the Registrar's Office. This form may be returned by scanning and emailing LSRegistrar@stu.edu.

FOR REGISTRAR'S OFFICE USE ONLY:

PROCESSED BY: \_\_\_\_\_ DATE \_\_\_\_\_