



DOCUMENT REQUEST FORM
Office of the Registrar

I.D. NUMBER: [] [] [] [] [] [] [] or

S.S. NUMBER: [] [] [] - [] [] - [] [] [] []

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 (Explain in detail exactly what you need)

[] TO BE PICKED UP

[] TO BE FAXED: [] [] [] - [] [] [] - [] [] [] [] To the attention of: _____

[] ADDRESS TO BE MAILED (If different from above): _____

[] TO BE EMAILED: _____

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 to us via FAX at (305) 623-2344 or Scanned and Emailed to LSRegistrar@stu.edu.

FOR REGISTRAR'S OFFICE USE ONLY:
PROCESSED BY: _____ DATE _____