

REQUEST FORM

GEORGE MASON UNIVERSITY SCHOOL OF LAW
RECORDS OFFICE

PHONE: 703-993-8015 FAX: 703-993-8019 EMAIL: Lwrecord@gmu.edu

PHOTO ID REQUIRED FOR TRANSCRIPTS IF REQUESTED BY EMAIL/FAX/MAIL

Name: _____ G #: _____

Mailing Address: _____

Is this a new address: Yes ___ No ___ E-Mail: _____

Home/Cell Phone: _____ Work Phone: _____

Class Level: 1D ___ 1E ___ 2D ___ 2E ___ 3E ___ 3D ___ 4E ___ LLM ___ Visitor ___
No Longer Enrolled ___ Year Graduated/Last Attended: _____

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SIGNATURE: _____ DATE: _____

___ **Unofficial** (Student) Copy: Recommended for job application. (One copy is issued. Additional copies, if needed, may be reproduced by student.)

___ **Official** Copy: (Not for reproduction). Official transcript is in sealed envelope, has Assistant Dean, Student Records' signature and school seal, and is issued directly to student or sent to third party.

Do you want your **class rank** indicated on your transcript? Yes ___ No ___

COPY OF LSAT REPORT:

___ Photocopy of LSAT Report stamped "COPY" (Additional copies may be reproduced by student.)

VERIFICATION LETTER: ___ Enrollment ___ Status ___ Graduation

HANDLING INSTRUCTIONS

(If not specified, requested material will be placed in your student mailbox.)

___ I will pick up in person ___ Place in my student mailbox ___ Mail to following address

Date Processed: _____