

Office of Student Affairs & Registrar Student Academic Record Request

Full name:			
UGA Identification number (810#):	Middle	Last	
Law School Graduation year:	_		
I am requesting a (choose one):			
(a) Copy of law school application	n		
(b) Enrollment verification			
(c) Letter of good standing			
(d) Other			
Number of copies needed (limit of 5	per day):		
Please mail to:			
or			
Please hold for pick up (will be held	for 3 weeks):		

By signing below, I hereby consent to and authorize the School of Law to release of the documents outlined above to myself or the person or office named on this form.

Signature:

Date:_____

PLEASE ALLOW A MINIMUM OF ONE BUSINESS DAY FOR PROCESSING