TRANSCRIPT REQUEST FORM

SUFFOLK UNIVERSITY LAW SCHOOL
Law Registrar's Office, 120 Tremont Street, Boston, Massachusetts 02108 (617) 573-8160 Fax (617)-723-6114

_____OFFICIAL (processing time 2-3 days) **Number of Transcripts Requested _____**

_____UNOFFICIAL TRANSCRIPT (processing time 24 hrs) **Only 1 unofficial transcript will be issued per request**

_____CAREER DEVELOPMENT (processing time 24 hrs) **5 unofficial copies forwarded to Career Development**

DATE_____

NAME:_____ID#:_____
PLEASE PRINT CLEARLY

ADDRESS: _____
Street City State ZipCode

EMAIL ADDRESS: _____

PLEASE INDICATE APPROPRIATE INFORMATION BELOW:

( ) Currently Enrolled Graduation Date or Last Date Attended_____

_____ After Grades For_____ SEM

_____ After Degree Conferred

FIRST YEAR STUDENTS ONLY

(_____) With Class Rank
OR
(_____) Without Class Rank

(_____) With Section Rank
OR
(_____) Without Section Rank

***PLEASE NOTE: Previous requests for transcripts whether Official or Unofficial for which Class/ Section Ranks have been included WILL NOT be removed from transcripts.**

STUDENT SIGNATURE _____

( ) To be picked up: Date: _____ Time: _____

( ) Forward to Career Development

( ) Send To: _____
Addressee

_____
Street Address

_____
City/Town State Zip Code

Request Taken By:_____ _____
Staff Member Initials Date