

LETTER OF GOOD STANDING REQUEST FORM

PLEASE NOTE THAT THE PROCESSING TIME FOR THIS REQUEST IS
ONE WEEK

I, _____, grant authorization for the Dean of Students at
Suffolk University Law School, to send a letter of good standing to

Name: _____

Address: _____

For the purpose of:

Transfer Application Job/Internship

Other (please explain) _____

***DO NOT USE THIS FORM FOR STUDY AT ANOTHER LAW SCHOOL
OR SUMMER PROGRAM ABROAD**

A copy of this letter can be sent to me at: _____

Please contact me at _____ or _____ if you have any questions.
(Phone) (e-mail)

Date: _____

Student Signature

Student I.D. Number