



RECORDS & VERIFICATIONS REQUEST

Student Name: _____ Degree Program: _____ Day / Evening: _____
 Previous Name: _____ Year of Study: _____ Visitor (Yes/No): _____
 Student ID #: _____ Participating in 3.5 Program? (Yes/No): _____
 Phone Number: _____ Graduate? (Yes/No): _____
 Graduation Term: _____

Incomplete requests will not be processed. A completed request will consist of the student's signature, along with a copy of the student's law school ID card, valid driver license, or passport. Digital submissions must be sent to the Office of the Registrar at registrar@lls.edu.

STUDENT FILE REQUEST

View Student File *(Request requires minimum 4 business days notice)*

OFFICIAL LETTER REQUEST

Reason for Request: _____

- Letter Certifying Attendance
 Include date of current term only
 Include dates of complete academic year (previous terms only)
 Letter of Academic Standing
 Entertainment Law Practicum Letter
 Other

DELIVERY OPTIONS

- Will Pick Up
 Send Letter To:

 Addressee

 Organization

 Address

 City, State, Zip Code

Signature: _____ Date: _____