

SAINT LOUIS UNIVERSITY SCHOOL OF LAW
OFFICIAL TRANSCRIPT REQUEST FORM

Name: _____ Banner ID: _____
(For students attending after summer 2005)

SSN: _____

Any other names you have **EVER** used: _____

Date of Birth _____

The approximate beginning and ending dates of enrollment at Saint Louis University School of Law:

A phone number where you can be reached if there are any problems with this request: _____

SPECIAL INSTRUCTIONS:

<input checked="" type="checkbox"/> Hold transcript until ALL grades have been posted for _____ semester, 20 ____.	No. of Copies: ___ Mail to: _____ _____
<i>Office Use Only</i> Date Office Staff Processed Request: _____ Initials _____	Saint Louis University will release the records you authorize with this injunction to the recipient: <i>Pursuant to Federal Law 93-380, this personal information is transferred only on the condition that you will not permit any other party to have access to such information without the written consent of the student.</i>

Date: _____

Student Signature: _____
(signature required)

Fax: (314) 977-3447