



School of Law
Office of the Registrar

UNIVERSITY OF SAN FRANCISCO  SCHOOL OF LAW

GENERAL REQUEST FORM

Legal Name: _____ Date: _____ ID#:

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(Print)

Phone: _____ Signature: _____

Please choose one: Pick-Up Send (to address below)

I GIVE PERMISSION FOR THE LAW REGISTRAR'S OFFICE TO RELEASE THE SPECIFIED INFORMATION THE RECIPIENT(S) LISTED BELOW:

Verification of Attendance: Semester(s) & Year: _____ to _____
Or Expected date of graduation

Complete the enclosed form

Other:

Purpose/Reason for Request:

PLEASE ADDRESS TO:

To Whom It May Concern

Other(s):

PLEASE SEND TO
THIS ADDRESS:

* If you need a confirmation of grades, please fill out a transcript request form.

.....*Allow a minimum of 3 working days to process this request.*.....

Law Registrar Staff:

Received: _____ Initial when completed: _____ Date Completed/Mailed: _____

**This form must be submitted to the Law Registrar's Office, KN 220
Fax (415) 422-4199; email lawregistrar@usfca.edu**