

**NYU School of Law
Office of Academic Services
General Request Form**

Class: J.D. 1L ___ 2L ___ 3L ___ Date: _____

Name: _____ Student ID: _____

Local Address: _____

Email Address: _____ Phone Number: _____

Please state the nature of your request, **clearly and concisely**, including the reason for the request.

Student Signature: _____

PLEASE SUBMIT TO THE OFFICE OF ACADEMIC SERVICES, FURMAN HALL, ROOM 400. PLEASE ALLOW A MINIMUM OF THREE BUSINESS DAYS BEFORE RETURNING FOR THE RESULTS OF YOUR REQUEST.