NEW YORK UNIVERSITY
SCHOOL OF LAW

Office of Records & Registration
245 Sullivan St., Room 400

REQUEST FORM

DATE: _____

CLASS: **J.D.** **1L**☐ **2L**☐ **3L**☐ **Non-Degree**☐

LL.M **F/T**☐ **P/T**☐ **Non-Matric**☐

NAME: _____
Last **First** **Middle**

STUDENT ID NUMBER: N ___ ___ - ___ ___ - ___ ___ ___ ___

ADDRESS: _____

_____

EMAIL: _____

TELEPHONE: _____ _____
Residence **Business**

REQUEST: (*Please specify fully and include reason for the request*)

Mail ☐ **(5 business days for processing)**

Pick-Up ☐
Date: _____
Time: _____

STUDENT SIGNATURE: _____