

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 Alumni
LL.M F/T P/T Non-Matric JSD

NAME: _____
Last First Middle

STUDENT ID NUMBER: N ___ - ___ - ___

ADDRESS: _____

EMAIL: _____

TELEPHONE: _____
Residence Cell #

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

E-Mail (3-5 business days for processing)

Mail (3-5 business days for processing)

Pick-Up

Date: _____
Time: _____

STUDENT SIGNATURE: _____