

**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: _____

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)

Pick-Up

Mail (3-5 business days for processing)

Date: _____
Time: _____

STUDENT SIGNATURE: _____