

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 <input type="checkbox"/> (3-5 business days for processing)	Pick-Up <input type="checkbox"/>
Mail <input type="checkbox"/> (3-5 business days for processing)	Date: _____
	Time: _____

STUDENT SIGNATURE: _____