NEW YORK UNIVERSITY SCHOOL OF LAW

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

REQUEST FORM

| DATE: CLASS: J.D. 1L | | | | _ | | | | |
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| LL.M F/T P/T Non-Matric JSD NAME: Last First Middle STUDENT ID NUMBER: N | DATE: | | | | | | | |
| 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) Pick-Up Date: | CLASS: | J.D. | 1L 🗆 | 2L□ 3L | | Non-Degree□ | Alumni 🗆 | |
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