



BROOKLYN LAW SCHOOL
Office of the Registrar

TRANSCRIPT REQUEST FORM

I am requesting { } official transcript (\$4) { } unofficial transcript (Free)

Addressee (Name and address of recipient or third party which transcript will be sent.)

STUDENT INFORMATION

Name _____ Student ID _____
Alumnus ID _____

Other Name Used _____ Class _____

Program _____ JD _____ Visiting _____ LL.M _____ Other _____

Current Address _____

Cell Number _____

SPECIAL INSTRUCTIONS

Please hold for _____ Fall Grades _____ Spring Grades _____ Summer Grades

_____ Posting of degree Grade change in _____

SPECIAL COMMENTS

Signature _____ Date _____

Processed By _____ Date _____