



**LAW SCHOOL TRANSCRIPT REQUEST FORM**

Law School Records & Registration ~ 471 West Palmer ~ Detroit, MI 48202  
Phone: (313) 577-3979 ~ Fax: (313) 577-9800 ~ [lawrecords@wayne.edu](mailto:lawrecords@wayne.edu)

*Return this form by FAX or Mail (see above)*

Official transcripts will not be released until all financial obligations to the university have been satisfied.  
The first 10 transcripts each calendar year are free; \$5.00 per copy thereafter.

**STUDENT INFORMATION**

All blocks in student section **MUST** be completed – PLEASE PRINT LEGIBLY

<b>Student ID or Last Four SSN</b>	<b>Last Name</b>	<b>First Name</b>	<b>Middle</b>
<b>Complete Mailing Address – Street, City, State, Zip</b>			
<b>Previous Names</b>	<b>Graduation Year</b>	<b>Type of transcript requested</b> __ J.D. __ LL.M. __ Other	
<b>E-mail Address</b>		<b>Birth Date MM/DD/YY</b>	<b>Daytime Phone</b>

- Please mail my transcript(s) to the recipient(s) below (please check type and quantity)
- I would like to pick up my transcript\*

- Type of Transcript*
- Official** copy of my transcript\* ~ quantity:
  - Unofficial** copy of my transcript ~ quantity:

**MAILING INFORMATION**

List the complete mailing address(es) of where you would like your transcript(s) sent to. **PLEASE PRINT LEGIBLY.** Include Recipient Name, Complete Street Address, City, State and Zip. If the recipient is yourself, put "See Above."

**Recipient #1**

**Recipient #2**

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Check One: \_\_Official \_\_Unofficial    Quantity: \_\_\_\_\_ (#)

Check One: \_\_Official \_\_Unofficial    Quantity: \_\_\_\_\_ (#)

**Student Signature**

**Date**

Most transcript requests are processed within one (1) business day of receipt. Your signature on this form authorizes the release of your transcript as well as our ability to communicate with you about this request via e-mail or phone. Forms without signatures will not be processed. Students are responsible for providing accurate address information for recipients.

Staff Initials \_\_\_\_\_ Date Received \_\_\_\_\_ Date Mailed \_\_\_\_\_