

**WAYNE STATE UNIVERSITY LAW SCHOOL
TRANSCRIPT REQUEST FORM**

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

Student ID, Access ID, or Last Four of SSN	Last Name	First Name	Middle
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Complete Mailing Address – Street, City, State, Zip

Previous Names	What years did you attend?	Type of Transcript Requested __ J.D. __ LL.M. Other _____
E-mail Address	Birthdate MM/DD/YY	Daytime Phone

TRANSCRIPT HANDLING INSTRUCTIONS

Return this form by E-Mail, Fax, or Mail

- Please send my official transcript electronically to recipient(s) e-mail address below. **Electronic transcripts can only be sent for students who were enrolled in 2002 or later.**
- Please mail my transcript(s) to the recipient(s) below (please check type and quantity).
- Overnight Mail Requests: For a fee of \$20.00, payable by check, money order, or cashier's check, you may request overnight delivery of an official transcript. This fee includes shipping it overnight to its destination via UPS. A valid street address is required. UPS cannot deliver to P.O. boxes. Orders must be received by 3:00p.m. Each business day to qualify for next business day delivery.

MAILING INFORMATION

List the complete mailing address(es) of where you would like your transcript(s) sent to. **PLEASE PRINT LEGIBLY.**
Please provide Recipient Name, Complete Street Address, City, State and Zip, as well as email address.*

Recipient #1

Recipient #2

email*: _____

email*: _____

Check One: __Official __Unofficial

Check One: __Official __Unofficial

Quantity: _____ (#)

Quantity: _____ (#)

Student Signature X

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.

*When possible, official transcripts will be transmitted electronically. Recipients will receive an email with instructions for retrieval.

For Office Use Only:

Date Rec'd _____ Date Mailed _____ | Staff Initials _____ Date _____

Please return this form to:
Wayne State University Law School
Records and Registration Office
471 West Palmer, Room 1223
Fax: (313) 577-9800 Phone: (313) 577-3979
Email: lawrecords@wayne.edu