



Law School

Office of the Registrar

299 North Spring Mill Road, Room 180 • Villanova, PA 19085

(610) 519-7017 – Fax (610) 519-7495

Registrar@law.villanova.edu

Form must be printed and signed then returned with \$2 check payable to Office of the Registrar

OFFICIAL **Law School** Transcript Request

Name: _____

Phone: _____

Email: _____

DOB: ___/___/___ - SSN: ___-___-___

Degree (JD or LLM): ___ Year: _____

Issue (___) **Law School** Transcript(s) To:

Name: _____

Organization: _____

Address: _____

Mail to Above

Hold for Pick-Up

I authorize the release of my LAW SCHOOL transcript to the above mentioned third party

Signature

Date

Request will not be processed without signature.

This form is for JD's and LLM's only.