Letter/Document Request Form

Student Address: TJ ET/C2_00.56 Tf 2204 TTd w0.51.69 61 [(<037A037A037A037

z z Verification of Full-time Status (12 credit hours required to be full time)
z z Statement of Good Academic Standing
z z Class Ranking
z z Anticipated Graduation Date
z z Other (specify): z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z

DOCUMENTS TO BE INCLUDED WITH LETTER (specify): z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z

If an official transcript is needed, it must be requested online through the University. Instructions for this process are at:
https://www.slu.edu/law/academics/registrar/index.php.

MAILING INSTRUCTIONS

z z z Student to pick up in the Student Services Office
z z Email to: z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z
z z z Regular mail to: z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z

PLEASE INDICATE THE DATE NEEDED TO BE RECEIVED BY: z z z z z z z z z z z z z z z z z z z z z z z z

Student Signature ______________________________________ Date _______________

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STUDENT SERVICES OFFICE USE ONLY

Date completed: ____________ Completed by: __________

Comments: