

SUBMIT FORM TO:

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REQUEST FOR LAW SCHOOL TRANSCRIPT

NAME: _____ Cal ID #: _____
Last, First Middle

ADDRESS: _____ Phone: _____
Street, Apt

_____ Date of Birth: _____
City, State, Zip

EMAIL: _____ Previous names: _____

DATES OF ATTENDANCE AT BOALT HALL: _____ TO _____
Month/Year Month/Year

CLASSIFICATION: 1L 2L 3L LL.M. J.S.D. JSP Special Status Year: _____

OR

DEGREE CONFERRED: JD LL.M. J.S.D. JSP Other YEAR: _____

SPECIAL REQUESTS: Any of these items may cause a delay in processing

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Other: _____

I ONLY wish to order a copy from my file, do NOT issue Law School Transcript

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HOLD FOR DEGREE POSTING (Allow 12 weeks after term ends)

HOLD FOR GRADE CHANGE/INCOMPLETE GRADE: _____
Course name/Semester

HOLD FOR OTHER CORRECTION (Specify): _____

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STUDENT AUTHORIZATION, SIGNATURE REQUIRED

I CERTIFY THAT I AM THE STUDENT, AND I HEREBY AUTHORIZE UC BERKELEY School of Law TO RELEASE THE TRANSCRIPTS AS INDICATED

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