

**SOUTHERN NEW ENGLAND SCHOOL OF LAW**  
**TRANSCRIPT REQUEST FORM**  
LAW ENROLLMENT CENTER  
UNIVERSITY OF MASSACHUSETTS SCHOOL OF LAW - DARTMOUTH  
333 Faunce Corner Road  
North Dartmouth, MA 02747  
Phone Number (508) 985-1100 Fax Number (508) 985-1104 Email: lec@umassd.edu

**PLEASE PRINT CLEARLY**

\_\_\_\_\_  
Last Name First Name MI

\_\_\_\_\_  
Street Apt No. Home Telephone No.

\_\_\_\_\_  
City State Zip Work Telephone No.

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Maiden name or other last name on record \_\_\_\_\_  
Month Day Year

Did you receive a Juris Doctor degree? Yes \_\_\_\_ No \_\_\_\_ Year Graduated \_\_\_\_\_

Number of official copies requested \_\_\_\_\_ Number of unofficial copies requested \_\_\_\_\_

Send transcript:

Routine – 3-4 Business Days At Once

- Or Student pick up on \_\_\_\_\_ (allow 2-3 days during peak periods)

Purpose of official transcript: Transfer \_\_\_\_ Graduate school \_\_\_\_ Certification \_\_\_\_ Employment \_\_\_\_ Other \_\_\_\_\_

**Send Transcript to:** (If yourself, write *Self*) include zip code

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** You must use a separate form for each mailing address to which you are forwarding a transcript (even if you are hand carrying them.)

Allow 3-4 working days to process your transcript request.

I authorize the **University of Massachusetts School of Law – Dartmouth** as Custodian of *Southern New England School of Law* records to release my transcript to the above address.

**NOTE: Transcripts will not be processed without student's signature:**

\_\_\_\_\_  
Signature Month Day Year

DATE SENT \_\_\_\_\_

BY \_\_\_\_\_