SOUTHERN NEW ENGLAND SCHOOL OF LAW
TRANSCRIPT REQUEST FORM

LAW ENROLLMENT CENTER
UNIVERSITY OF MASSACHUSETTTS 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

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Date of Birth  /   /  Year          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

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 __________________________  /   / Year
Month  Day  Year

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.

DATE SENT_________________
BY_______________
Rev: 7/2016