UNIVERSITY OF MASSACHUSETTS 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   Student Identification Number

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

Currently enrolled at UMass Law   Yes_____    No ______

If not currently enrolled, please indicate dates of attendance __________________________

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  After change of grade  After final grades  After degree statement  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.

NOTE: Transcripts will not be processed without student’s signature:

____________________________________________________      ____  / ____  /_____
Signature                           Month    Day     Year

__________________________________________________________________________________________

DATE SENT_________________

BY_______________            Rev: 7/2016