

**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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 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 _____

