



General Request Form

Name: _____

X- Number: **X** _____

Dates Attended: _____

Date of Birth: _____

Former Name(s): _____

Phone Number: _____

Please check the box of the request that you are making:

- Enrollment Verification Letter *(For current students: available via UIS)*
- Certificate of Graduation Letter *(For current students: available via UIS)*
- Letter of Class Rank
- Letter of Good Standing
- Other: _____

(Required)

- Pick Up
- Mail to: _____

If you would like your letter sent electronically, please initial after the release statement below:

I release St. John's University School of Law from any breach of confidentiality. _____
(Initials)

- Fax to: _____
- Email to: _____

Special Instructions: _____

(Required)

Signature: _____ Date: _____

Please return this form to:
St. John's University School of Law
Office of the Registrar, Rm 4-58
8000 Utopia Parkway
Queens, NY 11439
p:718-990-6600 | f: 718-990-7469 | lawregistrar@stjohns.edu
stjlawstudent.com