

Authorization and Release Request
Office of the Law Registrar
University of Miami School of Law

Full Name: _____

Last 4 Digits of Social Security: __ __ __ __

Date of Birth: _____

Dates of Attendance: _____ — _____

Phone number: (____) ____ - _____

Email Address: _____ @ _____ .com

I am requesting a copy of my:

_____ Unofficial Law School Transcript

_____ Law School Application and Amendments

_____ Other: _____

Please send materials to address below:

Attn: _____

Address: _____

City, State, Zip Code: _____

OR

Please send materials via email:

Email Address: _____ @ _____ .com

Signature: _____ Date: _____

Registrar Office use only:

Date Complete: _____ Initials: _____

C# _____