

Request for NY Bar Handwriting Letter

Your HUID #: _____

Name (Last, First, Middle Initial): _____

Student Type: JD LLM SJD Alum Other

Email Address: _____

Today's Date: _____

Total number of copies: _____

Will you pick up this NY Bar Handwriting Letter in person? Yes No

If no, please provide an address in the space(s) below:

1.

2.

****Please note that we require up to three business days to complete NY Bar Handwriting Letter requests****

Sign here: _____

For office use only:

Processed By: _____

Picked up?: _____