

## Document Request Form

HUID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name (Last, First, Middle Initial): \_\_\_\_\_

Student Type: <input type="checkbox"/> JD <input type="checkbox"/> LLM <input type="checkbox"/> SJD <input type="checkbox"/> Alum <input type="checkbox"/> Other
Email Address: _____

Request Type:

<input type="checkbox"/> Certificate of Attendance	<input type="checkbox"/> Good Standing Letter	<input type="checkbox"/> No Rank/No GPA Letter
<input type="checkbox"/> Application Copy	<input type="checkbox"/> Diploma Translation	
<input type="checkbox"/> Notarized Transcript Copy*	<input type="checkbox"/> Other: _____	

Special Instructions:

<input type="checkbox"/> Include Address	<input type="checkbox"/> Original Signature	<input type="checkbox"/> Notarized
<input type="checkbox"/> Include Birthdate	<input type="checkbox"/> Other: _____	

Today's Date: \_\_\_\_\_

Total Number of Copies: \_\_\_\_\_

Will you pick up the requested document(s) in person? Yes No

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

1.	2.
_____	_____
_____	_____
_____	_____
_____	_____

**Please note that we require seven to ten business days to complete document requests**

Sign Here: \_\_\_\_\_

**\*\* Original Signature Required \*\***

\*Requires separate transcript order.