

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"/> Other: _____

Special Instructions:

<input type="checkbox"/> Include Address	<input type="checkbox"/> Include Birth date	<input type="checkbox"/> Other: _____
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Special Instructions (hard copy documents):

<input type="checkbox"/> Original Signature	<input type="checkbox"/> Notarized	<input type="checkbox"/> Notarized Transcript Copy <small><i>*requires separate transcript order. Include this document with order.*</i></small>
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Today's Date: _____

Total Number of Copies: _____

How you would like to receive your documents: Email Pick up In person Mail

Please include email or mailing address if needed:

_____	_____
_____	_____
_____	_____
_____	_____

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

Sign Here: _____

**** Original Signature Required ****