



SOUTH TEXAS COLLEGE OF LAW

1303 SAN JACINTO ST., HOUSTON, TEXAS 77002

Student Records Request

***Confidentiality of Student Records:** South Texas College of Law must obtain written consent from a student before disclosing personally identifiable information from the education records of the student, other than directory information, except as provided in FERPA (Family Educational Rights and Privacy Act) and the guidelines and procedures adopted to implement FERPA.

STUDENT INFORMATION			
Student Name		Student ID Number	
		G	
Student Mailbox Number	E-mail Address	Other Names Used While Attending STCL:	
<p>Please indicate your type of request:</p> <p><input type="checkbox"/> Bar Certification *Attach applicable bar form(s) Have you taken a previous bar exam? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Certification of Graduation</p> <p><input type="checkbox"/> Copy of law school application</p> <p><input type="checkbox"/> LSDAS Report</p> <p><input type="checkbox"/> Official Class Rank (Graduate Only)</p> <p><input type="checkbox"/> Transcript – Number of Copies: ____ Official ____ Unofficial</p> <p><input type="checkbox"/> Verification of Enrollment – Term _____</p> <p>Method of Delivery:</p> <p><input type="checkbox"/> Hold for Pick-Up (ID required) <input type="checkbox"/> Self <input type="checkbox"/> Other - Please list name: _____</p> <p><input type="checkbox"/> Student Mailbox</p> <p><input type="checkbox"/> Standard Mail</p> <p>_____</p> <p>Issued To</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>City State Zip</p> <p>_____</p> <p>Signature _____ Date _____</p> <p style="text-align: center;">By way of my signature, I authorize release of my requests(s) as indicated above.</p>			

Please mail or fax completed form to:
South Texas College of Law 1303 San Jacinto Street Houston, TX 77002 Attn: Registrar's Office Fax:(713) 646-2939

Please allow 24 to 48 hours for your request to be processed.

Office Use Only

Processed by: _____

Date: ____ / ____ / ____