

PRIVATE AND INDEPENDENT SINCE 1923.

## **Letter of Good Standing Request Form**

STUDENT INFORMATION										
Student Name				Student ID Number						
		G								
E-mail Address		Term(s)	I.					I	.1	
	@stcl.edu	☐ Fall		☐ Spring ☐ Summer						
If you prefer to have the letter of standing and related documents sent electronically, follow this link to request an official etranscript.										
<ul> <li>Attach the completed form and all other required documents to the transcript request for processing.</li> </ul>										
<ul> <li>Transfer letter of standing requests must include the date and method of payment in the space provided below, and are processed upon receipt of confirmation of payment and zero balance from Accounting Services.</li> </ul>										
<ul> <li>Payments by paper check or e-check, will result in a 10-day hold before the form can be processed.</li> </ul>										
Payment Date: Payment Method:cashcertified fundspersonal checke-check via Stanley										
What is the reason for your request?										
☐ General:										
Transient: □ Visiting another law school* □ Non Co-Sponsored Study Abroad*† Location:*  *Attach detailed course descriptions, grade mode, dates and hours, and plans for law school completion.  †Also attach a program brochure.  The following document(s) will be included with the letter:  ■ Official Transcript										
<ul> <li>□ Transfer—\$35 fee per letter requested</li> <li>Submit completed form and payment to Accounting Services (Suite 823) for each letter requested.</li> <li>The following document(s) will be included with the letter:</li> <li>■ Official Transcript</li> <li>■ Current Ranking Percentiles</li> <li>■ LSDAS Report (page 1)</li> <li>Note: If multiple letters of standing are requested, attach a list to this form. Multiple forms are not required.</li> </ul>										
Complete name and address of the law school or institution:										
Institution										
Name/Title/Department										
Address										
Address		Ci	ty	State		Zip				
Student Signature				Date						
By way of my signature, I authorize release of my requests(s) as indicated above.										
ADMINISTRATIVE REVIEW										
Non co-sponsored study abroad programs require approval by Associate Dean & Director of Clinical Programs.  Dean Signature Date										
Accounting Services Date										
Balance:	Application Fee:	R	eceipt I	Number:						
Registrar Signature Date										
Processed by: Date		— Т	ransien	t Hours	Towa	rd Gra	duatio	on:		