



Student Records Request

***Confidentiality of Student Records:** South Texas College of Law Houston 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											
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Home Phone Number	Cell Phone Number	or Social Security Number											
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											
Student Mailbox Number	E-mail Address	Other Names Used While Attending STCLH:											

Please indicate your type of request:

- Bar Certification** *Attach applicable bar form(s)
Have you taken a previous bar exam? Yes No
- Certification of Graduation Letter**
- Copy of law school application**
- LSDAS Report**
- Official Class Rank (Graduate Only) Graduation Date:** _____
- Paper Transcript – Number of Copies:** ____ **Official** ____ **Unofficial**
Electronic Transcript
- Available for graduates after 1984.
- If requesting additional documents with transcript(s) complete and attach this form for processing.
- Verification of Enrollment – Term** _____

Method of Delivery for Paper Transcripts:

- Hold for Pick-Up (ID required)**
 Self Other - Please list name: _____
- Student Mailbox**
- Standard Mail**

Issued To

Address

Address

City State Zip

Signature _____ **Date** _____

By way of my signature, I authorize release of my requests(s) as indicated above.

Please submit completed form to: South Texas College of Law Houston 1303 San Jacinto Street Houston, TX 77002

Attn: Registrar's Office Fax:(713) 646-2939 Email: registrar@stcl.edu

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

Office Use Only

Processed by: _____

Date: ____/____/____