

Letter Request Form

| STUDENT INFORMATION | | | | | |
|--|---|--------------------------------|----------|-----------------------------------|------------------------------------|
| Student Name | | | | | |
| | | | | | |
| Term(s) | | | | | Student ID Number |
| ☐ Fall | ☐ Spring ☐ | Summer | G | | |
| If you prefer to have the letter of standing and related documents sent electronically, follow this link to request an official etranscript. | | | | | |
| Attach the completed form and all other required documents to the transcript request for processing. | | | | | |
| 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. | | | | | |
| Payments by paper check or e-check, will result in a 10-day hold before the form can be processed. | | | | | |
| Payment Date: Payment Method:cashcertified fundspersonal checke-check via Stanley | | | | | |
| What is the reason for your request? | | | | | |
| Other (i.e. class rank, general letter of standing, graduation certification, verification of enrollment) | | | | | |
| | | | | | |
| ☐ Transient Letter of Standing: ☐ 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 | | | | | |
| ☐ Transfer Letter of Standing—\$35 fee per letter requested | | | | | |
| Submit completed form and payment to Accounting Services (Suite 823) for each letter requested. | | | | | |
| The following document(s) will be included with the letter: | | | | | |
| Official Transcript Current Ranking Percentiles LSDAS Report (page 1) | | | | | |
| Note: If multiple letters of standing are requested, attach a list to this form. Multiple forms are not required. | | | | | |
| Issue record(s) to: | | | | | |
| | | | | | _ |
| Individual/Entity Name | | | | ☐ Hold for pickup – ID Required | |
| | | | | (this option is not available for | |
| Audress | | | | | Transient/Transfer Letter of |
| Address | Ci | ty State | Zip | | Standing requests) |
| Audress | Cl | ty State | Ziþ | | |
| Student Signature Date | | | | | |
| By way of my signature, I consent and direct South Texas College of Law Houston to release my requests(s) as indicated above to the authorized recipient. | | | | | |
| ADMINISTRATIVE REVIEW | | | | | |
| Non co-sponsored study abroad programs require approval by Associate Dean & Director of Clinical Programs. | | | | | |
| Dean Signature Date | | | | | |
| Accountin | g Services | | | | Date |
| Balance: | | Application | Fee: | | Receipt Number: |
| Registrar | Signature | | <u> </u> | | Date |
| Processed Transfer LO | by: GS Only – Copy to Associate Dean o | Date f Academic Administrat | ion | | Transient Hours Toward Graduation: |