South Texas COLLEGE OF LAW HOUSTON

PRIVATE AND INDEPENDENT SINCE 1923.

Letter Request Form

STUDENT INFORMATION

Student Name

Term(s)

☐ **Fall** ☐ **Spring** ☐ **Summer**

Student ID Number

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: ☐cash ☐certified funds ☐personal check ☐e-check via Stanley

What is the reason for your request?

☐ **Other (i.e. 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

_____
Address

_____
Address City State Zip

☐ **Hold for pickup – ID Required (this option is not available for Transient/Transfer Letter of Standing requests)**

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 _____

Accounting Services _____ Date _____

Balance:	**Application Fee:**	**Receipt Number:**

Registrar Signature _____ Date _____

Processed by: _____ Date _____
Transfer LOGS Only – Copy to Associate Dean of Academic Administration ☐

Transient Hours Toward Graduation:____

South Texas College of Law Houston, Office of the Registrar 1303 San Jacinto Street Houston, TX 77002
Phone: (713) 646-1701 Fax: (713) 646-2939 Email: registrar@stcl.edu