



ALUMNI INFORMATION REQUEST FORM

(Please print clearly, otherwise your form will not be processed)

Name: _____
(Last) (First) (M)

Date of Birth: ____/____/____ Last 4 Digits of SSN/USC ID: _____

Graduation Date (Semester & Year): _____

Telephone ____/____/____ Email: _____

Check REQUESTING ITEM(S):

- ☐ Final class rank
☐ Copy of incident report
☐ Copy of law school application & amendments

Other: _____

Letter(s) for:

- ☐ Certifying final GPA and class standing ☐ Certifying date of graduation

NOTE: Our letters are not generic. Therefore, you must provide the name and address of who requested that you provide an official letter below:

Attention: _____ Company Name: _____

Street Address: _____ City, State, Zip: _____

Method of Delivery:

- ☐ Pick up from law registrar's office
☐ Email address of recipient: _____ Name of recipient: _____
☐ Fax: ATTN: _____ Fax Number: ____/____/____
☐ Mail (provide address if different from above): _____

ATTN: _____

Please mail the signed form to: **Office of the Law Registrar/Academic Services, USC School of Law 1525 Senate St. Columbia, SC 29208**; or fax to: 803-777-1930; or print/sign/scan, then email to lawreg@law.sc.edu.

The information you requested will be processed and available via your delivery method choice after 2pm the next business day.

Signature _____

Date _____

For Office Use Only

Rank: _____ out of _____ based on _____. (CGPA) Processed By: _____
Date Rec'd: _____ Date Delivered: _____ Cost of Copies: _____