

Letter/Document Request Form

Office of Student Services

100 N. Tucker Blvd., Room 1008 St. Louis, MO 63101

Phone: 314-977-3955 Fax: 314-977-2030

Student Name:	_ Student Email Address:	Student Phone Number:
Address Letter to (Name and/or Institut	tion):	
PURPOSE OF LETTER: Financial Aid/Scholarship Insurance		
Employment Application to a Dual Degree Transfer Application to Anotl Visiting Status at Another Lav	her Law School	
Statement of Good AcademicClass RankingAnticipated Graduation Date	us (12 credit hours required to be full time) c Standing	
DOCUMENTS TO BE INCLUDED WITH LETTER (specify):		
If an official transcript is needed, it mus https://www.slu.edu/law/academics/re	t be requested online through the Universitegistrar/index.php.	y. Instructions for this process are at:
MAILING INSTRUCTIONS: Student to pick up in the Stud Email to: Regular mail to:	lent Services Office	
PLEASE INDICATE THE DATE NEEDED TO BE RECEIVED BY:		
Student Signature	Date _	
Please return completed form to Joyce	e Brown in the Student Services Office or b	y e-mail to <u>joyce.brown@slu.edu</u>
STUDENT SERVICES OFFICE USE ONLY		
Date completed:	Completed by:	
Comments:		