STUDENT INFORMATION REQUEST FORM
(Please print clearly, otherwise your form will not be processed)

Name: ___________________________ ___________________________ ___________________________
(Last) (First) (M)

VIP ID: ___________________________ Current classification: ___1L ___2L ___3L

Telephone: ___/___/____ Email: ___________________________@email.sc.edu

Check REQUESTING ITEM(S):
☐ Copy of CAS report cover page ($1.00 charge)
☐ Copy of incident report ($1.00 per page charge)
☐ Copy of law school application ($1.00 per page charge)
   If someone is paying on your behalf please provide the name: ___________________________
☐ Viewing application including amendments submitted after being admitted. (in office only)
☐ Form(s): Please attach any forms that requires to be completed by the Office of Law Registrar.

Letter(s) for: (no charge)
☐ Good Standing
☐ Certifying current GPA and class standing
☐ Certifying anticipated date of graduation or date of graduation
☐ Enrollment Verification Note: Letter will be available after the drop/add date each semester
   and is also available on SSC.

Other: _____________________________________________________________________________

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: ___________________________

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
Date Rec’d: __________ Processed By: __________
Date Delivered: __________ Cost of Copies: __________