Student Records Request

*Confidentiality of Student Records: South Texas College of Law must obtain written consent from a student before disclosing personally identifiable information from the education records of the student, other than directory information, except as provided in FERPA (Family Educational Rights and Privacy

Act) and the guidelines and procedures adopted	to implement FERPA.		
STUDENT INFORMATION			
Student Name	Student ID Number		
	G		
Student Mailbox Number E-mail Address	Other Names Used While Attending STCL:		
Please indicate your type of request: Bar Certification *Attach applicable bar Have you taken a previous bar exam? Certification of Graduation Copy of law school application LSDAS Report Official Class Rank (Graduate Only) Transcript – Number of Copies: Verification of Enrollment – Term Method of Delivery: Hold for Pick-Up (ID required) Self Other - Please list name: Student Mailbox Standard Mail	□Yes □No ial Unofficial		
Address	_		
Address	_		
City State Zip	-		
Signature	Date		
	release of my requests(s) as indicated above.		
· ·	on, TX 77002 Attn: Registrar's Office Fax:(713) 646-2939 s for your request to be processed.		

Processed	l by:	Office Use Onl
Date:	_//	