

## TRANSCRIPT REQUEST FORM

Please send completed form and payment to:

Registration and Academic Records
3050 Wilshire Boulevard
Los Angeles, CA 90010-1106
Inquiries: (213) 738-6734 or registrar@swlaw.edu

	Type or print clearly (for window envelope) the name and address of transcript recipient. Submit one request for each mailing. Please include zip code.
Note to Recipient: We are enclosing the attached information at the request of	f the undersigned. Under the Family Educational Right

*Note to Recipient:* We are enclosing the attached information at the request of the undersigned. Under the Family Educational Rights and Privacy Act of 1974, this information is provided to you on the condition you will not permit any other party to have access to this information without the written consent of the student concerned.

## TRANSCRIPT POLICIES

- 1. Requests for transcripts must be in writing because of the confidential nature of a student's records.
- 2. If you have an outstanding financial obligation with the Law School, your transcript cannot be released until such obligation is resolved with the appropriate Law School Office.
- 3. Normally 5 to 7 working days are required for processing transcript requests, except at peak periods when more time is needed to fill all requests.
- 4. Transcripts include all work completed at Southwestern Law School. Partial transcripts are not issued.
- 5. We do not copy other college/universities or law school records.
- 6. Official transcripts can be issued directly to students, agents or institutions.
- 7. The unofficial transcript bears the Issued to Student stamp.
- 8. Transcripts mailed directly from the Registration Office to scholarship foundations for current students are free.
- 9. **Electronic transcripts are subject to the above policies and will be delivered through the FERPA compliant eSCRIP network provider. The Recipient's email address is required.** It is the requester's responsibility to determine if the Recipient accepts electronic transcripts. Southwestern is <u>not</u> responsible for transcripts that are requested to be sent to unsecure email sites or the Recipient's use of said document(s). Corrections to incorrect Recipient email addresses provided by the Requestor are considered a new transaction and subject to additional fees.

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TRA	NSCRIPT TYPE (please:	select one):				
	Number of copies:	OFFICIAL	UNOFFICIAL	_		
TRA	NSCRIPT DELIVERY (ple	ease select one):				
	Mail (transcripts will be sent first class through U.S. postal mail to the address indicated above)					
	Electronic Transcript Recipient's email address <i>(required)</i> :					
				(please print clearly)		
<u>STU</u>	DENT INFORMATION:					
Nam	ne:			Student ID No.:		
Add	ress:			Current Status:		
				Dates attended:		
Tele						
	p					
Sign	ature:			Date:		
***	*******	*******	******	**********		
FOR	OFFICE USE ONLY:	\$5.00 Fee: Cash /	Check #	\$15.00 Rush Fee: Cash / Check #		