Enrollment Verification/Letter of Good Standing Request Form

Name (print):_____

Date of Request: _____

Student ID #: 0000_____**(Required)** **Class Year:** _____

Telephone Number: (_____)_____-_____ **Email:** _____
Preferred

Type of Document Requested:
(Enter quantity)

_____Letter of Good Standing/Certification of Enrollment

_____Other- Please list your request below and be as specific as possible.

_____

_____

_____

_____

_____

This is a document for: ☐ Transfer out of the Law School ☐ Insurance ☐ Other
☐ Applying to a graduate program at Loyola

Delivery Method:

_____**MAIL TO:**

_____

_____

_____

_____ **EMAIL TO:** _____

_____**FAX TO:** ATTENTION:_____

FAX Number:_____

_____**YES, I will pick up the letter.**

Student Signature: _____

law-registrar@luc.edu

LOYOLA UNIVERSITY CHICAGO · SCHOOL OF LAW REGISTRAR OFFICE
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