

Office of Records & Registration 303 E. Broad Street Columbus, OH 43215

Phone: 614-236-6442/6440

Fax: 614-236-6818

## **Request for Letter Form**

Name	Phone
Student ID # o	r Last Four Digits of Social
Please process	a letter for me, stating the following:
	Full-time student at Capital University Law School
	Currently enrolled, and in good standing*
	_ Class rank
	Other, explain
	Date: uired)
Date Needed (	allow two days processing)
Please Circle A	ll the Apply: <b>Mail, Email or Fax <i>(print legibly):</i></b>
TO:	

\*Included in your letter of good standing will be a statement as to whether you are eligible to continue at Capital University Law School. If you are not eligible to continue or there are restrictions on your eligibility to continue, a statement to that effect will be included in your good standing letter.