

Your transcript request will be completed after we receive your completed form.

YOUR INFORMATION: Program: J.D. LL.M. M.T. PLS LNC LCP MDR

Full Name: _____ Student ID #: _____

Name While Attending Capital Law: _____

Phone #: (____) _____ Email address: _____

Current student? Yes No Date(s) Graduated or Attended: _____

In keeping with the Family Educational Rights and Privacy Act (FERPA, 1974) official transcripts may be sent to the student or to anyone designated by the student and are not released without written permission from the student.

Authorization: I affirm that I am the above-named student. In compliance with FERPA, I hereby give my written consent and authorize Capital University Law School to release my student record as noted.

SIGNATURE: _____ Date _____

**Fax form to (614) 236-6818 or
email to registrar@law.capital.edu**
 Capital University Law School
 Office of Records and Registration
 Attn: Official Transcript Requests
 303 East Broad Street • Columbus, OH 43215
 Phone: (614) 236-6440

FOR OFFICE USE ONLY:

<p>PAYMENT INFORMATION</p> <p>Total transcripts requested _____</p> <p>Total payment received: \$ _____</p> <p>Payment Method: <input type="checkbox"/> Online – order # _____ <input type="checkbox"/> Check/Money Order <input type="checkbox"/> Cash</p> <p>Date payment processed: _____</p>	<p>SIGNATURE RELEASE INFORMATION</p> <p>Date FERPA received: _____</p> <p>Received by: _____</p> <p>TRANSCRIPT PROCESSING INFORMATION</p> <p>Date processed: _____</p> <p>Date <input type="checkbox"/> mailed or <input type="checkbox"/> picked up by student: _____</p>
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