

**The University of Chicago Law School
Office of the Registrar**
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Law School Document Request Form

Information

Name:

Name used in Law School if different:

Class Year:

Program: J.D. LL.M. J.S.D.

Telephone:

Email:

Enter Number Required:

_____ Law School Transcript [GRADUATES ENROLLED PRE-AUTUMN 1997 ONLY]

_____ Certificate of Graduation

_____ Other: _____

Check Delivery Method(s):

_____ Mail To: _____

_____ Will Pick Up

Any information helpful to your request:

Signature:

Today's Date: / /202__