

## Official Transcript Request

Date: \_\_\_\_\_ Name: \_\_\_\_\_

ID#, DOB, or last four digits of SSN \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Dates of attendance: \_\_\_\_\_ to \_\_\_\_\_

☐ I attend Mitchell Hamline School of Law

☐ I attended William Mitchell College of Law

*Academic files and coursework for students who completed enrollment at Hamline University School of Law prior to December 2015 are recorded by Hamline University. Hamline University Registration and Records Office can be reached at 651-523-3000 or via email at registrar@hamline.edu.*

Number of copies: \_\_\_\_\_ Please enclose a check for \$3 per transcript.

Currently enrolled students only:

Hold request until all grades from last period are included? ☐ YES ☐ NO

Hold request until class rank is calculated and included? ☐ YES ☐ NO

Please select one of the following:

☐ Please send my transcript to the address listed above

☐ Please send my transcript to the following address:

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Signature (required): \_\_\_\_\_

Please return your completed form to the Registrar's Office  
registrar@mitchellhamline.edu  
or Room 119

### Office use only

Date received \_\_\_\_\_ Date processed \_\_\_\_\_ Completed by \_\_\_\_\_

Payment: ☐ Check ☐ Cash ☐ Money Order ☐ Bill Sent

Updated March, 2017