

Request for Copy of Law School Application

Date: _____ Name: _____

ID#, DOB, or last four digits of SSN _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Dates of attendance: _____ to _____

Include CAS Cover Sheet: Yes No

Signature: _____

Electronic signatures can be accepted only if form is sent through the Mitchell Hamline email system

Please select one of the following:

- Please send my application to the postal address listed above
- Please send my application to the following postal address or email address:

**Please return your completed form to the Registrar's Office
registrar@mitchellhamline.edu
or Room 120**

Office use only

Date received _____

Date processed _____

Completed by _____

Updated July, 2019