



FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY

College of Law Registrar's Office | 201 Beggs Avenue | Orlando, Florida 32801

Email: [RegistrarCOL@famtu.edu](mailto:RegistrarCOL@famtu.edu)

Fax: (407) 254-3221

Phone: 407-254-3279/3287

### RECORDS LETTER REQUEST FORM

**Instructions:** Please complete all applicable information to ensure timely processing of your request. The records letter will be reported in accordance with the academic records as of the date prepared. **Letter request will be completed in approximately 3- 5 business days.**

#### STUDENT INFORMATION

|                             |  |                      |  |
|-----------------------------|--|----------------------|--|
| Student Last Name           |  | Student First Name   |  |
| Student ID Number           |  | Student Phone Number |  |
| Student Address:            |  |                      |  |
| City and State:             |  | Zip Code:            |  |
| Student FAMU Email Address: |  |                      |  |

#### TYPE OF LETTER BEING REQUESTED

Degree Verification Letter (JD conferral)

Enrollment Verification Letter (Current Term enrollment dates, Full-Time or Part-Time)

Good Academic Standing Letter for Transfer to another Law School

Good Standing Letter for Visiting at another Law School

Study Abroad

Other Letter/Additional Information to be included

\_\_\_\_\_

\_\_\_\_\_

#### CONTACT INFORMATION

Provide the organization/contact name, mailing address and/or email address where the letter will be addressed.

1. \_\_\_\_\_ 2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### DELIVERY OPTIONS

Mail to recipient listed above  Email/Fax to recipient listed above

Pick-up from Col Registrar's Office  Send to my FAMU email address

#### Student's Consent

I authorize Florida A&M University to release the information indicated above.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit completed records letter request form to [RegistrarCOL@famtu.edu](mailto:RegistrarCOL@famtu.edu)