SAINT LOUIS UNIVERSITY
SCHOOL OF LAW

Letter/Document Request Form

Office of Student Services
100 N. Tucker Blvd., Room 1008
St. Louis, MO 63101
Phone: 314-977-3955
Fax: 314-977-2030

Student Name: _____ Student Email Address: _____ Student Phone Number: _____

Address Letter to (*Name and/or Institution*): _____

PURPOSE OF LETTER:

___ Financial Aid/Scholarship
___ Insurance
___ Employment
___ Application to a Dual Degree Program
___ Transfer Application to Another Law School
___ Visiting Status at Another Law School (approval needed)
___ Other (specify): _____

INFORMATION TO BE INCLUDED IN LETTER:

___ Verification of Full-time Status (12 credit hours required to be full time)
___ Statement of Good Academic Standing
___ Class Ranking
___ Anticipated Graduation Date
___ Other (specify): _____

DOCUMENTS TO BE INCLUDED WITH LETTER (specify): _____

If an official transcript is needed, it must be requested online through the University. Instructions for this process are at: https://www.slu.edu/law/academics/registrar/index.php.

MAILING INSTRUCTIONS:

___ Student to pick up in the Student Services Office
___ Email to: _____
___ Regular mail to: _____

PLEASE INDICATE THE DATE NEEDED TO BE RECEIVED BY: _____

Student Signature _____ Date _____

Please return completed form to Joyce Brown in the Student Services Office or by e-mail to joyce.brown@slu.edu

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STUDENT SERVICES OFFICE USE ONLY

Date completed: _____ Completed by: _____

Comments: _____

Revised: 09/2023