

DUQUESNE UNIVERSITY SCHOOL OF LAW
Letter of Good Standing Request

TRANSFER

NAME: (LAST)	(FIRST)	(MI)
ADDRESS:		
E-MAIL:		
SOC. SEC. # or STUDENT ID #:	Please circle: 1D 1E 1P 2D 2E 3E 3P	
PHONE: (DAY)	(EVENING)	

<p><u>ATTENTION:</u> Students seeking to transfer to another ABA accredited Law School must have a \$0.00 balance with Duquesne University School of Law at time of request.</p>	TRANSFER	SPRING _____
	<p>Give the <u>complete</u> ► <u>name and address</u> of the law school to which you are applying for transfer.</p>	

Describe the circumstances prompting this request:

I hereby give my permission to Duquesne University School of Law to release at any time any and all academic records in my student file to the law school named above.

_____ Date

_____ Signature

REGISTRAR Signature	*Transcripts will not be released if you have an outstanding financial obligation to the university.	BALANCE No____ Yes____
		\$