



EDUCATING THE COMPLETE LAWYER

Office of the Registrar

## STUDENT RECORD REQUEST FORM

- Complete and submit form to [lawregistrar@udmercy.edu](mailto:lawregistrar@udmercy.edu)
- Handwritten signature is required
- Processing requires 2 business days

	T
Student Name	Student ID Number
First Term Attended Detroit Mercy Law	

I am requesting the following (please check all that apply):

- ☐ **Copy of my law school application**  
Your signature below certifies that you are releasing a copy of your law school application to yourself. The copy of the application includes the application along with all attachments, any additional materials submitted by you in support of the application for your admission to the law school and any amendments.
- ☐ **Proof of enrollment letter**  
A proof of enrollment letter certifies that you are enrolled at the University for the current term.
- ☐ **Letter of good standing**  
**(for students who have earned at least 5 credits at the time of request)**  
A letter of good standing certifies that you are enrolled at the University for the current term, are not in academic jeopardy and do not have any disciplinary matters included in your academic file.
- ☐ **Letter of good standing including class rank**  
**(for students who have earned at least 5 credits at the time of request)**  
A letter of good standing certifies that you are enrolled at the University for the current term, are not in academic jeopardy, do not have any disciplinary matters included in your academic file and includes your class rank.
- ☐ **Other (please specify):** \_\_\_\_\_

**Purpose of the request (please check all that apply):**

- ☐ Employment
- ☐ Verification of information for a Bar application
- ☐ Notification to an insurance company for continuation of policy
- ☐ Certification for a bank loan
- ☐ Application for an externship
- ☐ Other (please specify): \_\_\_\_\_



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**Please address letter to the following:**

**Name:** \_\_\_\_\_  
\_\_\_\_\_

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

**Please send via:**

- ☐ Fax to the above at # \_\_\_\_\_  
☐ Mail to the above address \_\_\_\_\_  
☐ Email to the above at \_\_\_\_\_

**Any additional information or notes:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student Signature (required for processing)**

**Date**

**For office use only**

Approved by: \_\_\_\_\_

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

Denied by: \_\_\_\_\_

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

Student Notified: ☐ Yes ☐ No