

Date Submitted: _____

Office of Registrar
Thomas Jefferson School of Law
1155 Island Avenue
San Diego, CA 92101
Ph: 619.297.9700
Fax: 619.961-1290

TRANSCRIPT REQUEST FORM

*Name: _____ *Student ID or SSN: _____

*Previous Name(s): _____ *Date of Birth: _____

*Address: _____

*Contact Number: (____) _____ *Email Address: _____

*Signature Required: _____

Status: Active _____ Inactive _____ Graduate _____ LLM _____

Last Semester Attended: _____

Number of copies requested: _____ *Official _____ *Unofficial _____ Date Needed: _____

Please note: If requesting unofficial transcripts to be emailed;
we will email transcript to a TJSJL email address only.

Special Instructions – Please check all that apply:

Send after current grades are posted to transcript _____

Send letter of academic standing _____ Send letter of class rank _____

Send the top page of the LSDAS report _____ (\$10.00 fee per copy requested for LSDAS)

Will pick up _____ OR Send to:

Transcript request will not be processed unless all (*) required fields are completed. *Signature is required.*