

CAPITAL UNIVERSITY LAW SCHOOL

TRANSCRIPT REQUEST FORM

**Fill out completely, with signature and payment, or form will be returned.*

Your Information:

Date: _____

Name _____
First Middle Last

Name While Attending Capital Law _____

Street Address _____

City _____ State _____ Zip _____

Daytime Phone (_____) _____ -- _____

Social Security Number _____ -- _____ -- _____

Current Student _____ Graduated/Attended (term & year) _____

Mail to:

_____ Number of transcripts to address below. Fill out one form for each address.
Please print all information.

Name _____

Street _____

City _____ State _____ Zip _____

Special Instructions: _____ JD _____ LLM _____ MT

_____ Issue transcript(s) now

_____ Hold transcript(s) until grades are posted

_____ Seal transcript(s) individually.

_____ Other: _____

I affirm that I am the above-named student. In compliance with FERPA, I hereby give my written consent and authorize Capital University to release my student record as noted.

Signature _____ Date _____

Mail or fax request to:

Office of the Registrar
303 East Broad Street
Columbus, OH 43215
Phone: (614) 236-6442
Fax: (614) 236-6818
registrar@law.capital.edu

Transcript Fee Payable at time of request:

\$5.00 per copy

Attach check, money order or pay by credit card.

(Do not put cash in mail.)

Photo ID required when picking up in person.

Only official transcripts will be mailed.

Allow 5 to 10 business days for processing once request is received.

FOR OFFICE USE ONLY

Cash Rec. # _____

Check # _____

Credit Visa ___ MC ___

Trans. Req. 21 07000

* Use either VISA or MASTERCARD Credit Card Payments will take at least one business day to process.

Daytime Phone: (_____) _____ - _____

Charge Card Number: _____ Amount to be paid: \$ _____

Card Expiration Date: _____ Print Name as it appears on card: _____

Please Check One: _____ VISA _____ MASTERCARD

Billing Address _____

Email Address _____

(Where credit card receipt will be sent)

Cardholder Signature _____ Date _____

I hereby agree to pay the sum set forth above to the bank which issued my card in accordance with the terms of the credit card for the purchase of goods and services.

For Office Use Only:

Date Received: _____

Received By: _____

Date Processed: _____

Date Mailed _____