**CAPITAL UNIVERSITY LAW SCHOOL**
**TRANSFER REQUEST PACKET**

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

## Your Information:

Name _____
First Middle Last
Name While Attending Capital _____
Street
Address _____

City _____ State _____ Zip _____

Daytime Phone (_____)_____-_____

Social Security Number _____

Current Student _____ Graduated/Attended _____

## Mail to: (Where official transcript & letter are to be sent)

Name _____

Street _____

_____

City _____State _____Zip _____

**Special Instructions: _____JD _____ LLM _____MT**
**_____ Letter of Good Standing**
**_____ Issue transcript(s) now**
**_____ Letter of Good Standing**
**____Class Rank ____Full Time _____Part Time**
**_____ 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** _____

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**Use either VISA or MASTERCARD**
**Daytime Phone**: (_____)_____-_____

**Charge Card Number**

**Card Expiration Date**

Please Check One:
_____**VISA** _____**MASTERCARD**

**Amount to be paid**

**$**

**Print your name as it appears on your card**

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.

**Cardholder 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

**Transcript Fee Payable at time of request:**

$10.00 per school for the letter & transcript.

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.