

Miles Law School
P.O. Box 39150
Birmingham, AL 35208
(205) 923-7739
(205) 923-7749 fax

Office of the Registrar
TRANSCRIPT REQUEST FORM

Today's Date
 ___/___/_____

Instructions on completing request form:

1. It is Miles Law School policy that transcripts will be released only when all financial obligations to the law school have been satisfied.
2. Complete this form and return along with a \$15.00 non-refundable transcript fee in the form of a United States Postal or bank money order/cashiers' check made payable to Miles Law School at the above address.
3. Transcripts are mailed directly from the Registrar's Office to the institution or agency named by the student unless otherwise requested.
4. Provide a copy of your driver's license or photo identification.
5. Please allow (7) seven business days to process your request.

Please complete the following: (Please print)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Last Name | First Name | Middle Initial | Name on Previous Academic Records (if different) |
| Street Address | | E-mail Address | |
| City/Town | Zip Code | Current Telephone Number | |
| Date of Birth / / | Social Security Number - - | Year of Graduation Class of | |
| May we release your name, address, e-mail address and/or telephone number to members of our faculty, alumni, association, or student organization, so that we may give you more information about Miles Law School? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

Mail directly to the following address:

Student Authorization

I hereby authorize Miles Law School to release the transcript of my academic record.

 Student's Signature

OFFICE USE ONLY

Money Order Cashier's check Payment submitted in the amount of \$_____

__ Number of transcripts requested

Account Checked

Personal pick up

Date Mailed: _____