HOWARD UNIVERSITY SCHOOL OF LAW
OFFICE OF RECORDS
CERTIFICATION REQUEST FORM
Phone: 202-806-8010 Fax: 202-806-8448
(SIGNATURE REQUIRED—DO NOT EMAIL THIS FORM)

HUSL ID Number or SSN

Email: _____________________________
Phone: _____________________________

STUDENT/ALUMNUS INFORMATION:

LAST NAME  FIRST NAME  M.I.

STREET ADDRESS  APT NO.

CITY/STATE/ZIP

STUDENT CLASSIFICATION:  1L  2L  3L

ALUMNUS INFORMATION:  Graduation Date: __________________

Dates of Attendance: __________________

Was attendance interrupted?  _____ YES  _____ NO

UNDERGRADUATE INSTITUTION: __________________________________________

PLEASE PREPARE:

_____ LETTER OF GOOD STANDING

_____ STATE BAR FORM (SPECIFY STATE: ________)  DEADLINE: _______________

_____ OTHER LETTER/FORM: ____________________

INSTRUCTIONS:

_____ WILL PICK UP IN STUDENT AFFAIRS OFFICE
(allow 3-4 days)

_____ FAX TO: __________________

_____ MAIL TO ADDRESS BELOW:

________________________________________________
________________________________________________
________________________________________________

SIGNATURE: _____________________________

DATE: _____________________________