

ACADEMIC RECORD REQUEST FORM

Date of Request:		Print Name:		
Class (Check o	ne)	UNM ID #	Phone #:	
Graduates:	(Current students only) (Year graduated if Alumni)	SSN: XXX – XX (Last four (4) digits o	Current E-mail:	(Include area code)
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issue one (1) (.pdf) or faxe	rademic Record: By signifunofficial academic record directly to the recipient by lease provide a complete ac	to law students/graduate y providing a complete e ddress for yourself or the	s or a third party(s). An umail address or fax number third party(s) on the line	unofficial can be e-mail
(64 1	42-10	E-mai	il to:	
☐ Pick-Up	t's/Graduate's Signature Mail-Self Mail ck one of the above)		x to: (Include area code) ************************************	***********
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I, (Studer	t's/Graduate's Signature)) Mexico Sc	thorize and request that hool of Law release an o record to (Law School T	official copy of my

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Per FERPA law, this form requires your written signature in order to be processed. Please fax or e-mail this form to the UNM Office of the Registrar at • Fax (Secure): (505) 277-1597• LSRegistrar@law.unm.edu.