Office of Student Services  
100 N. Tucker Blvd., Room 1008  
St. Louis, MO 63101  
Phone: 314-977-3955  
Fax: 314-977-2030

Student Name: ____________________________  
Student Email Address: ___________________  
Student Phone Number: ____________________

Address Letter to (Name and/or Institution): ____________________________________________

PURPOSE OF LETTER:
___ Financial Aid/Scholarship  
___ Insurance  
___ Employment  
___ Application to a Dual Degree Program  
___ Transfer Application to Another Law School  
___ Visiting Status at Another Law School (approval needed)  
___ Other (specify): ________________________________________________________________

INFORMATION TO BE INCLUDED IN LETTER:
___ Verification of Full-time Status (12 credit hours required to be full time)  
___ Statement of Good Academic Standing  
___ Class Ranking  
___ Anticipated Graduation Date  
___ Other (specify): ________________________________________________________________

DOCUMENTS TO BE INCLUDED WITH LETTER (specify): __________________________________

If an official transcript is needed, it must be requested online through the University. Instructions for this process are at: https://www.slu.edu/law/academics/registrar/index.php.

MAILING INSTRUCTIONS:
___ Student to pick up in the Student Services Office  
___ Email to: ________________________________________________________________  
___ Regular mail to: ____________________________________________________________

PLEASE INDICATE THE DATE NEEDED TO BE RECEIVED BY: ____________________________

Student Signature ____________________________  
Date ______________

Please return completed form to Joyce Brown in the Student Services Office or by e-mail to joyce.brown@slu.edu

STUDENT SERVICES OFFICE USE ONLY

Date completed: ____________  
Completed by: ____________

Comments: ________________________________________________________________

Revised: 09/2023