



Transcript Request Form

Please print or type your information below. Once you have completed the form, mail or FAX this document to:

**Texas Tech University School of Law
Office of the Registrar
1802 Hartford Ave.
Lubbock, TX 79409-0004
FAX: 806.742.4539**

Birthdate: _____ R# _____ Last 4 numbers of SS# _____

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Name while enrolled; _____

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