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GENERAL REQUEST FORM

This form is for students to use in requesting information and specific rulings from the Registrar's Office. The reply will be mailed to you, unless you indicate "Will Pick Up". The reply can also be mailed to any other address that you may provide. This form may also be used to change your current mailing address.

Name:	Student I.D #:			
Address:Number & Street	City	State		Zip Code
Home Phone #: ()			e #: ()	•
Candidate for: JD LLM	1			
Please be as specific, detailed the reasons which necessitate				f your request and
Student Signature:			Date:	
Student Signature.			Dutc	
For Office	Use Only –	Do Not Write Be	elow This Lin	e
Processed by:		Date:		