

Letter of Good Standing and Verification of Status Request Form

Name: _____ T-Number: _____

Address: _____

Phone: (_____) _____ - _____ email: _____

Signature: _____ Today's Date: ____/____/200__

PLEASE CHECK THE INFORMATION NEEDED FOR VERIFICATION:

- Verification of enrollment (please specify semester and year)
- Complete enrollment history
- Letter of Good Standing
- GPA (Grade Point Average)
 - Semester (Please Indicate Fall Spring Summer Year: 20__)
 - Cumulative
- Class Rank
- Expected graduation date
- Degree Awarded
- Other: _____

Reason for Request:

- Applying to visit another school: Semester _____
- Applying to transfer to another school
- Other: _____

Please Indicate How the Registrar Should Deliver the Verification

- Pick Up (Verification requests not picked up within 5 days will be mailed to the above address.)
 - Mail To: _____

- City: _____ State: ____ Zip: _____

PLEASE ALLOW 3 DAYS TO PROCESS VERIFICATION REQUEST(S)

Regulations Covering Verifications of Records

- A. Requests will be honored as quickly as possible within three working days; however, during busy periods such as graduation, registration, end of semester grade processing, etc. there may be some delay.
- B. No verification will be issued for a student whose financial obligation to the university has not been satisfied.
- C. Student records are confidential records. Verifications of DIRECTORY INFORMATION may be released without consent of the student. Any other information is issued only at the written request of the student. Directory Information includes the following: the student's name, address, telephone number, date and place of birth, major field of study, number of credit hours in which enrolled and number credit hours completed, withdrawal record, participation in registered activities and sports, weight and height (for members of athletic teams only), class rank, scholarship, honors, degrees and awards received, previously attended a certain high school, college or university, and e-mail addresses.
- D. In accordance with the "Family Educational Rights and Privacy Act of 1974", we require the student's signature before releasing non-directory information.

(Please see the following page for instructions for completing this form)

Instructions for Completing this Form

1. Complete all information as requested above.

2. Submit the completed and signed form via:

Hand Delivery To the Registrar's Office, First Floor, Room 104

Mail UALR Bowen School of Law
Attention: Registrar
1201 McMath Ave.
Little Rock, AR 72202

Fax (501) 324-9909

Email Note: You must submit a scan with your signature. Email to law-records@ualr.edu.