



GLENDALE UNIVERSITY COLLEGE OF LAW

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220 North Glendale Avenue | Glendale, Ca 91206

Transcript Request Form

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FIRST MIDDLE LAST

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Address: _____
STREET CITY STATE ZIP

Day Phone: _____ Evening Phone: _____

Mobile: _____ Email: _____

SOC. SEC. NO.

BIRTHDATE (OPTIONAL)

Graduated: YES NO

Graduation Date: _____

Currently Enrolled: YES NO

If no, when did you last attend? _____

Please send an official transcript of my academic record to:

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