

Syracuse University College of Law
Joint Degree Program
Information Request Form

Name: _____

Date: _____ Graduation Year: _____

SUID #: _____

Indicate information required from your file for your joint degree application

- Undergraduate Transcript
 - Letters of Recommendation
 - LSDAS Report
 - Personal Statement
 - Full Application File (Forensic Science or MPA **Only**)
 - Other (please specify)
-

IMPORTANT: The requested information will be placed in a sealed envelope(s) to be opened by the joint school only.

Pick Up Verification

Initials of student _____ Date _____

Initials of OSA representative _____