

REQUEST FOR LETTER OF GOOD STANDING

Student ID #: _____ Phone number: _____

Name: _____
 First Middle Last

Street: _____

City: _____ State: _____ Zip: _____

Number of copies requested: _____ Issued to Student

ADDRESS IF LETTER IS TO BE MAILED: (Print name & Address of recipient or attach a form)

Give classification: 1st Yr 2nd Yr 3rd Yr Alumni
Graduate Year _____

SIGNATURE OF STUDENT/GRADUATE

Date

Mail form to: **Mercer University School of Law**
 Registrar's Office
 1021 Georgia Ave.
 Macon, GA 31207