



SCHOOL OF LAW

Office of the Registrar  
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## LETTER OF GOOD STANDING REQUEST FORM

Student ID #: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of copies requested: \_\_\_\_\_ Issue to Student ☐

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Classification: ☐ 1st Yr ☐ 2nd Yr ☐ 3rd Yr ☐ Alumni  
Graduation Year \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF STUDENT/GRADUATE**

\_\_\_\_\_  
**Date**