

## CAPITAL UNIVERSITY LAW SCHOOL SIGNATURE RELEASE FORM

Your transcript request will be completed after we receive your completed form.

YOUR INFORMA	TION: Progra	<u>m</u> : □ J.D.	□ LL.M.	☐ M.T.	☐ PLS	☐ LNC	☐ LCP	□ MDR		
Full Name: Student ID #:										
Name While Atte	nding Capital Law	:								
Phone #: (	)	Em	nail address	s:				_		
Address & contac	et person for trans									
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