

**MARQUETTE UNIVERSITY LAW SCHOOL
REQUEST TO REVIEW LAW SCHOOL ACADEMIC STUDENT FILE**

Name: _____ MUID No: _____
(Please print)

Expected date of graduation: _____

I would like to review the contents of my Law School academic file. I understand that I may not remove the contents from my academic file.

*(Please complete the top half of the form and return it to the Assistant Registrar in Room 238. Please do **NOT** sign the form until you have completed your review.)*

Signature

Date

You may view your Law School academic file in Room 238 only.

Please return completed form to the Assistant Registrar in the Administrative Office, Room 238.

Office Use Only

Date Viewed _____ *Initials* _____