DREXEL UNIVERSITY
Thomas R. Kline
School of Law

Request to Review/Copy Law School Application

Name: _____ DU ID: _____

I request to review and/or receive a copy of the contents of my Law School application.

Signature: _____

Date: _____

NOTE: Academic files may not leave the Office of Student Affairs. You may review your Law School academic file in Suite 450 only.

Office Use Only

Date Viewed _____ Date Copy Given _____ Initials _____