NEW YORK UNIVERSITY
SCHOOL OF LAW
Office of Records & Registration
245 Sullivan St., Room 400

REQUEST FORM

DATE: _____

CLASS: **J.D.** **1L** ☐ **2L**☐ **3L**☐ **Non-Degree**☐

LL.M **F/T**☐ **P/T**☐ **Non-Matric**☐

NAME: _____
Last **First** **Middle**

STUDENT ID NUMBER: N____ ____- ____ ____- ____ ____ ____ ____

ADDRESS: _____

_____

EMAIL: _____

TELEPHONE: _____ _____
Residence **Cell #**

REQUEST: (*Please specify fully and include reason for the request)*

Mail ☐ **(5 business days for processing)**

Pick-Up ☐
Date: _____
Time: _____

EMAIL TO USAO-EDNY HR OFFICE ■

PARTICIPATING IN THE UNITED STATES ATTORNEY'S OFFICE, EASTERN DISTRICT OF NEW YORK VOLUNTEER INTERNSHIP PROGRAM. REQUESTING A SIGNED STUDENT VOLUNTEER AGREEMENT FORM.

STUDENT SIGNATURE: _____