

Please requ	est that the Registrar's	Office at your law school co	mplete this for	m and send it o	directly to:	
Graduate Ad	<b>dmissions</b> : lawllmadmis@	georgetown.edu   <b>www.law</b>	v.georgetown.e	du/admissions	s-financial-aid/	
TO BE COMI	PLETED BY APPLICANT					
Mr./ Ms. is an applicant	to the Georgetown University	Law Center as a candidate for the	degree of			
(Applicant, plea	ase specify program)					
WAIVER OF	ACCESS			· · · · · · · · · · · · · · · · · · ·		
I have requeste	ed that this appraisal form be	completed and forwarded to Georg	seling by officials of Georgetown University			
Name of Registrar				Law Center: The Family Educational Rights and Privacy Act of 1974 (FERPA), gives an enrolled		
Title				student the right to future access to any recom- mendations provided. If you waive this right, we will preserve the strict confidentiality of this		
Country*					accordance with FERPA (please	
Applicant Signa	ature	Date		<ul> <li>I waive access to this report. Shall be considered confidential.</li> <li>I do not waive access to this report.</li> </ul>		
TO BE COMI	PLETED BY REGISTRAR:			Non-confident	ial.	
1. Please state	the dates of applicant's enrol	lment in your institution:				
2. Degree(s) av	varded and Date(s):					
3. Language of	Instruction:	4. Date of Approx	val by the American	n Bar Association (	U.S. Law Schools Only)	
5. Please provi	de yearly average and rank in	class, if available:				
First Year Second Year Third Year Fourth Year	AVERAGE / SCALE		AVERAGES GIVEN ARE  Cumulative  Non-Cumulative  Non-Cumulative			
6. Please attactial Assembly S		nscripts/academic record (not requi	red for internationa	al applicants regist	ered with the LSAC LL.M. Creden	
Has the applica	ant ever been the subject of d	isciplinary proceedings?				
Please include	any additional facts concernir	ng this individual that are relevant to	this application.			
Name		Position				



<b>-</b>	
GEORGETOWN	LAW

School Name and Address	
Telephone	E-Mail Address
Signature	Date