

ORDER FORM

for full transcript of results/letter of confirmation/confirmation of syllabus details

Please complete **ALL** sections in **BLOCK CAPITALS**

Personal Details

Please complete the following details. Please note we require the full name you registered under while studying at the College.

Last name: _____

First name(s): _____ Title: _____

Date of birth (dd/mm/yy): / /

Which course did you complete: Graduate Diploma in Law (Postgraduate Diploma in Law/ Common Professional Examination)

Bar Vocational Course Legal Practice Course

Law Society's Solicitors' Final Examination* LL.B[†]

Centre studied at: Birmingham Chester Guildford

London Bloomsbury (Store Street) London Moorgate York

Attendance: to year/year

Dates of any resits: / month/year / month/year

/ month/year / month/year

Address to which the information should be sent:

Postcode: _____

Tel: _____ E-mail address (please PRINT): _____

Please select the documents you require:

Payment	Price per item (inc P&P)	No.required	Subtotal
* [†] Full transcript of results – 1st copy	£30		
Additional copies	£10		
Letter of Confirmation – 1st copy	£15		
Additional copies	£ 5		
[†] Confirmation of syllabus details – 1st copy	£15		
Additional copies	£ 5		

Please note: The above fees are per course.

*We are unable to issue full transcript of results for Law Society's Solicitors' Final Examination students. If you wish to obtain one please contact the Solicitors Regulation Authority (formerly the Law Society) on 0870 6062555 or e-mail info.services@sra.org.uk

[†]We are unable to issue transcripts or syllabus information for the LL.B

ORDER FORM

for full transcript of results/letter of confirmation/confirmation of syllabus details (**continued**)

Please provide full details of any particular requirements

If necessary please continue on an additional sheet

Payment Details

Your order will not be processed without receipt of your credit/debit card details or a cheque for the appropriate amount.

I would like to pay by:

Credit/debit card Please charge £ . to my Visa Card Mastercard Switch/Maestro

Card number: Card expiry date: /

Card issue number (if present): Card start/valid from date (if present): / Card security No.

Cardholder (as shown on card): _____

Cheque If paying by cheque, you should calculate the fee due from the table of charges.

The cheque should be made payable to 'The College of Law'.

I confirm that the details above are correct and if paying by Credit Card/Debit Card, I authorise the payment of the appropriate fee for the service requested.

Signature _____ Date: _____

If you are a third party requesting this information on behalf of a former student you must enclose a signed letter of authority from the individual in question.

Please print off the form, complete it and return to:

Registry Assistant, Academic Registrar's Office
The College of Law, Braboeuf Manor, St Catherines
Portsmouth Road, Guildford, GU3 1HA
www.college-of-law.co.uk

E-mail: sarah.thomson@lawcol.co.uk
Fax: 01483 454133 (marked Academic Registrar's Office)