



**Request for Letter of Good Standing**

This form is used to determine if an applicant has any current academic or disciplinary sanctions on their record. Allow 5 to 10 business days from receipt of request for processing. Before submitting a letter of good standing, OUE must verify your identity. A request sent through a student’s Emory e-mail account will not require additional verification. Students who present the request in person should be prepared to show an Emory ID or other official form of photo identification. Alumni who submit this form via e-mail should include a copy of a photo identification with the request.

Return to: Office for Undergraduate Education, 300 White Hall, 301 Dowman Drive, Atlanta, GA 30322; [oue.records@emory.edu](mailto:oue.records@emory.edu)

**Please Note:** Requests for **Dean Certification to law school** must be processed through the [Career Center](#). Requests for Dean Certifications for **medical fields** are processed by [Pre-Health Advising](#). **For Transient Study**, this form is not required as the Letter of Good Standing is generated through the application process. **DO NOT USE THIS FORM.**

| Student Information (Please Print) |               |
|------------------------------------|---------------|
| Student Name:                      | Emory ID:     |
| Email Address:                     | Mobile Phone: |

**Please Carefully Read This Section Before Signing**

I hereby consent to the release by Emory College of Arts & Sciences of any and all records, documentation, and information regarding my academic and disciplinary record to the person(s) or institution(s) specified below. This consent permits release of records, documentation, and information by any means including but not limited to furnishing copies of documents and summarizing information whether contained in documents or not, including discussing facts and circumstances surrounding any academic probation or exclusion and any instance in which I was alleged or found to have violated the Honor Code. I further consent that the Office for Undergraduate Education may review the academic and disciplinary records of other academic units and student disciplinary offices at Emory University in order to verify my academic and disciplinary record. The Office for Undergraduate Education may refer this request to other academic units and disciplinary offices to complete the letter of good standing request. I understand that the consent will remain in effect until the Office for Undergraduate Education receives my written and signed revocation of the consent. I release Emory University and its employees, including faculty, staff and administrators, and its trustees, officers, agents, and students from all liability in releasing records, documentation, and information covered by this consent.

*Records, documentation, and information may be released to person(s), institution(s) below.*  
*Please list the name of Person(s) or Institution(s) to whom your letter should be addressed (i.e. Dear Jane Doe, Office of Admissions etc.)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

| Please provide the information below   |      |       |          |
|--|------|-------|----------|
| <i>This information will be used for the heading of your letter.(i.e. address of school, institution etc. Do not enter your own address)</i> |      |       |          |
| Mailing Address:   |      |       |          |
| Street   | City | State | Zip Code |
| Fax Number or Email:   |      |       |          |
| Special Instructions:  |      |       |          |

**Delivery Instructions (Select One):**

- |   |  |                              |   |
|---|--|------------------------------|---|
| <input type="checkbox"/> Email to student requestor                         | <input type="checkbox"/> Mail to address above | <input type="checkbox"/> Fax | <input type="checkbox"/> Hold for pick up |
| <input type="checkbox"/> Email to Person or Institution listed on this form |  |                              |   |

**Reason or Purpose (Select One):**

- |   |   |
|---|---|
| <input type="checkbox"/> Background Check | <input type="checkbox"/> Military           |
| <input type="checkbox"/> Employment       | <input type="checkbox"/> Internship         |
| <input type="checkbox"/> Graduate School  | <input type="checkbox"/> Other (list here): |

- Study at another institution (non-Emory credit)

**PLEASE NOTE:** The Office of the University Registrar requires a copy of your official transcript. Once the coursework is complete, you **must** request the host institution send an official transcript to the following postal *or* email address:

Office of the University Registrar  
Attention: HOPE/CHECS Coordinator  
201 Dowman Drive  
Suite 100  
Atlanta, GA 30322

Or:  
[registr@emory.edu](mailto:registr@emory.edu) (for electronic transmission)  
Attention: HOPE/CHECS Coordinator