

**University of Dayton School of Law
RANK REQUEST FORM**

Student Name	Mailing Name
Social Security #	Box # or Street Address
Year in School or Graduation Year	City, State, Zip

Please release my class rank for the **Fall / Spring** (circle one) semester of _____ (year).

Check here if you prefer to receive your rank in letter format:

Date: _____ Signature: _____

Your class rank is _____ out of _____ students ranked.

Office Use Request Filled on (date):	Office Use Request Filled by:
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