



REQUEST FOR CLASS RANK

This form may be delivered to the Registrar's Office at the Law School Information Desk, or sent via fax to 612-626-1874. Please allow 1-2 business days for processing.

Requestor's Name: _____

Academic year(s) requested: ____ 1L ____ 2L ____ 3L

Graduating Class Year: _____

Send Rank via: *(check and include transmittal info)*

Date of Request: _____

____ Fax to:

Mailing Address: _____

____ Email to:

Phone Number: _____

____ Mail to:

Email Address: _____

CERTIFICATION

(by student or graduate requesting rank information)

I certify that I intend to apply for one or more **judicial clerkship(s)** or **academic teaching position(s)** this semester. I therefore request that I be told my class rank as of the end of the preceding academic year, or (if applicable) my final rank upon my graduation from the University of Minnesota Law School. I understand that I may communicate this information solely to judges to whom I am applying for clerkships, to institutions which I am applying for an academic teaching position, and/or to University of Minnesota faculty members from whom I am seeking advice concerning clerkships or teaching positions. I agree that I will not use or disclose my rank information for **any** other purpose, as dictated by Academic Rule 12.4.

Signed: _____
Student Signature *Date*

I have listed below the names of the judges or academic institutions to which I intend to apply:

(attach additional pages if necessary)

Rev. 3/30/2010

To be completed by Registrar's Office Staff:

As of the end of the _____ academic year, the above-signed Requestor's cumulative grade point average of _____ resulted in a rank position of _____ out of _____ students in the Class of _____ .

Request completed on: _____ By: _____
Date Staff Person