

**Lincoln Law School of San Jose**  
**One North First Street**  
**San Jose, CA 95113**

Date: \_\_\_\_\_  
Student Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Exam Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
(required)

Request to View Exams, Answer Sheets-Mult Choice/TF  
(Fee: \$2.00 per Exam/Course)

<u>Course</u>	<u>Instructor</u>	<u>Exam Date/Term</u>	<u>Exam Returned (initial)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Best efforts will be made to process requests within ten (10) business days and subject to the availability of staff. Exams will be made available for viewing Monday–Thursday from 5:30 PM-7:00 PM. You will be notified when the exams are available.

**Fee must be paid with submission of this form**  
**Requests will not be processed the week prior to exams.**  
**Exams will be held for 90 days**

**Notice to Students:**

Exams may not be removed from the Front Desk area. After viewing the exam, you **must** return the exam to the School. If you would like to purchase a copy of the exam, please complete the Copy Request form.

Registrar: \_\_\_\_\_ Asst. Registrar: \_\_\_\_\_  
Viewed/Date: \_\_\_\_\_

Total Due: \_\_\_\_\_  
Cash: \_\_\_\_\_ Check: \_\_\_\_\_