

UNIVERSITY OF MICHIGAN-FLINT  
OFFICE OF THE REGISTRAR  
266 UNIVERSITY PAVILION  
PHONE: 810-762-3344  
FAX: 810-762-3346

RELEASE OF INFORMATION REQUEST

NAME: \_\_\_\_\_

STUDENT ID: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
Required Required

PLEASE PLACE THE APPROPRIATE YEAR FOR THE SEMESTER LISTED BELOW

FALL \_\_\_\_\_ WINTER \_\_\_\_\_

FALL \_\_\_\_\_ WINTER \_\_\_\_\_

SPRING \_\_\_\_\_ SUMMER \_\_\_\_\_

\_\_\_\_\_ Please prepare a letter confirming my tentative graduation date and tentative degree.

**\*\*\*\*\*SPECIAL NOTE: IF YOUR DEGREE HAS ALREADY BEEN POSTED TO YOUR OFFICIAL TRANSCRIPT, YOU MUST ORDER A TRANSCRIPT\*\*\*\*\***

\_\_\_\_\_ Please prepare a letter confirming the following data: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Write the complete address where the above requested information is to be forwarded.

\_\_\_\_\_  
\_\_\_\_\_

Student's signature: \_\_\_\_\_

Date of request: \_\_\_\_\_

**OFFICE USE ONLY BELOW THIS LINE**

Completed by: \_\_\_\_\_

Date completed: \_\_\_\_\_

REVISED SEP 2011

STANDARD TURN-AROUND TIME IS 2-3 BUSINESS DAYS