

EXPEDITED SHIPPING TRANSCRIPT ORDER FORM

OFFICE OF THE REGISTRAR, UNIVERSITY OF MICHIGAN



Standard Two-Day Processing +
Next Business Day
Delivery

**\$15 per US Street Address or
\$40 per International Address.**

Transcripts will be sent via
overnight delivery after two
business days.

In compliance with the Payment
Card Industry Data Security
Standard, we cannot accept credit
card information sent through
email. Any emails or email
attachments containing credit card
data **will be immediately deleted
and the order will not be
processed.**

Please return this form in person to
Wolverine Services, 2200 SAB or 2202
Pierpont Commons, or mail/fax the form to
the address/fax number below.

Orders without a handwritten signature will
not be processed.

Transcript Department
Office of the Registrar
University of Michigan
500 S. State St., LS&A Suite 5000
Ann Arbor, MI 48109-1382
Phone: 734.763.9066
Fax: 734.764.5556

Student Information

Last Name First Name Middle Name

Former/Maiden Name (if applicable)

Student ID or SSN Date of Birth

School or College to _____
Years Enrolled Degree Received

School or College to _____
Years Enrolled Degree Received

Current Address Apt#

Current Address (continued)

City State or Province Postal Code

Email Phone Country (if not US)

Date

➡ HANDWRITTEN SIGNATURE REQUIRED

Payment

Cash or Check

Visa

Mastercard

Discover

Credit Card Number

Expiration Date

Billing Address (if different than current address)

I authorize a total of \$ _____ to be charged.

➡ SIGNATURE OF CARDHOLDER REQUIRED

Send Transcripts

Number _____

My Address Above
or

Number _____

My Address Above
or

Name

Address

City

State and Postal Code

Phone
