RUSH TRANSCRIPT ORDER FORM

OFFICE OF THE REGISTRAR, UNIVERSITY OF MICHIGAN



Rush Processing	Rush Processing + Next Business Day Delivery	Standard Processing + Next Business Day Delivery	Please return this form in person to Wolverine Services, 2200 SAB, or mail/fax the form to the address/fax number below. 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 ro.umich.edu		
\$10 per copy. Request must be received by 12pm EST for same day processing. Delivery is postmarked the same day or faxed the same day.	\$10 per copy + \$15 per US Street Address, \$25 per P.O. Box, or \$40 per International Address. Request must be received by 12pm EST for same day processing.	\$15 per US Street Address or \$40 per International Address. Transcripts will be sent via overnight delivery after two business days.			
Student Information			To.umen.e	uu	
Last Name	First Name	Middle Name			
Former/Maiden Name (if	applicable)				
Student ID or last 4 SSN	Date of Birth				
	to		Payment		Cash or Check
School or College	Years Enrolled to	Degree Received	Visa	Mastercard	Discover
School or College	Years Enrolled	Degree Received			
Current Address		Apt#	Credit Card Nu	umber	
current Address		Дри	Expiration Dat	te	
Current Address (continue	ed)		Billing Address	s (if different than	current address)
City	State or Province	Postal Code			
Email	Phone	Country (if not US)	I authorize a t	otal of \$	to be charged.
\		Date	SIGNATI	URE OF CARDHO	LDER REQUIRED
HANDWRITTEN SIGI	NATURE REQUIRED				
Send Transcripts To	Number	My Address Above or	Number		My Address Above or
Name					
Address					
City					
State and Postal Code					
Fax number					

Please note: 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.