TRANSCRIPT ORDER FORM
Office of Student Records, Law School
University of Michigan

Please return this form to the Office of Student Records either in person, by fax, or email.
Office of Student Records
University of Michigan Law School
625 South State Street, 416 Hutchins Hall
Ann Arbor, MI 48109-1215

Email: lawrecords@umich.edu
Fax: 734.936.1973

Student Information

________________________________________________
Former/Maiden Name (if applicable)

________________________________________________
Student ID or Last 4-digits of SSN

_________ to __________ __________
Date of Birth

______________________
School or College

______________________
Years Enrolled

______________________
Degree Received

___________________________________________________________________________
Current Address

___________________________________________________________________________
Current Address (continued)

______________________
City

______________________
State or Province

______________________
Postal Code

Email

Phone

Country (if not U.S.)

Send Official Transcripts
Number ______

☐ My Address Above, or:

Name

Address

City

State and Postal Code

HANDWRITTEN SIGNATURE REQUIRED

Date