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

______________________  __________________________  __________________________
Last Name            First Name            Middle Name

____________________________
Former/Maiden Name (if applicable)

_________________________  __________________________  __________________________
Student ID or Last 4-digits of SSN  Date of Birth  Email Address

_________________________ to __________________________
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