



Office of Medical Student Education
 Registration and Records
 1135 Catherine Street
 5100 Taubman Health Sciences Library
 Ann Arbor, Michigan 48109-5726

QUESTIONS? Email: regassist@umich.edu
PLEASE EMAIL THIS FORM TO regassist@umich.edu

WAIVER FOR RELEASE OF INFORMATION AND RELEASE FROM LIABILITY

I, the undersigned, hereby authorize University of Michigan Medical School and its Staff to provide any and all information pertaining to my medical education at their institution.

SIGNATURE

PRINTED NAME (FIRST, MIDDLE, LAST)

TODAY'S DATE

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NAME AT TIME OF GRADUATION (IF DIFFERENT FROM ABOVE)

SOCIAL SECURITY NUMBER (LAST 4 ONLY)

DATE OF GRADUATION FROM UMMS (MONTH / YEAR)

DATE OF BIRTH (MM/DD/YYYY)

MY PREFERRED EMAIL ADDRESS

MY PHONE NUMBER (XXX-XXX-XXXX)

MY REQUEST(S) (CHECK ONE OR MORE)

	COMPLETE ENCLOSED REQUEST(S) FOR VERIFICATION / CERTIFICATION
	SEND CERTIFIED DIPLOMA COPY WITH ENGLISH TRANSLATION
	SEND CERTIFIED DIPLOMA COPY
	SEND DEAN'S LETTER (aka MSPE) The MSPE is prohibited from being released to graduates/students.
All transcript requests must be submitted to the University of Michigan Registrar's Office. Please visit https://ro.umich.edu/records-registration/transcripts to request a transcript.	

RECIPIENT'S INFORMATION (CHECK ONE OR MORE)

	FAX CURRENTLY NOT AN AVAILABLE OPTION	
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	FULL NAME	
	ORGANIZATION	
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	ADDRESS 2	
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-- IN THE EVENT OF MULTIPLE RECIPIENTS, PLEASE SUBMIT ONE RELEASE FORM FOR EACH RECIPIENT; THANK YOU! --