

University of Michigan- Flint- Office of Admissions
Main number: 810-762-3300
Fax: 810-762-3272

College Transcript Information Request
For Dual Enrolled Students and **Payment Authorization Form**

High School Name: _____ Date: _____

This request covers this specific* term:

Fall [Sept] 20____ Winter [Jan] 20____ Spring [May] 20____ Summer [July] 20____
Year Year Year Year

***PLEASE NOTE: A grade release form is needed for each term the student attends as a Dual Enrollee**

I, _____, _____, _____,
(Student's Name) (Social Security Number) (Birth Date)

authorize the release of information from the University of Michigan-Flint or its director, designee, or registrar's department to:

School Name: _____

Address: _____

City, State, Zip Code: _____

Contact Person: _____

Telephone: _____ Email Address: _____

Student Signature: _____

Date: _____

Counselor Signature: _____

*Additionally, this release form entitles the University of Michigan-Flint to release my grades to the above-mentioned high school for tuition reimbursement purposes during my time as a student at the University of Michigan-Flint.

Dual Enrolled Students School District Payment Authorization

Records show that this student has met all of the requirements of the Post Secondary Enrollment Options Act of 1999. The University of Michigan – Flint will be reimbursed for tuition and fees in the amount indicated below for authorized courses *not available* in our school district:

Authorizing: _____
Signature Title Date

Fall Term Total \$ _____
Winter Term Total \$ _____
Spring/Summer Total \$ _____

School District Billing Address:

University Use Only

Received By: _____

Date: _____

Banner Input: Y / N