

UNIVERSITY OF MICHIGAN-FLINT  
OFFICE OF THE REGISTRAR  
ROOM 266 UNIVERSITY PAVILION  
Phone: 810-762-3344  
Fax: 810-762-3346

RELEASE OF INFORMATION REQUEST

NAME \_\_\_\_\_

STUDENT ID: \_\_\_\_\_

PLEASE PLACE THE APPROPRIATE YEAR FOR THE SEMESTER LISTED BELOW

FALL \_\_\_\_\_ WINTER \_\_\_\_\_

SPRING \_\_\_\_\_ SUMMER \_\_\_\_\_

Please prepare a letter confirming my tentative graduation date and tentative degree.

**\*\*\*\*\*SPECIAL NOTE: IF YOUR DEGREE HAS ALREADY BEEN POSTED TO  
YOUR OFFICIAL TRANSCRIPT, YOU MUST ORDER A TRANSCRIPT\*\*\*\*\***

PREPARE A LETTER

COMPLETE FORM PROVIDED

Specify information to be included: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate how above requested information is to be processed upon completion.

Mailed       Forwarded       Faxed       Pick Up

\_\_\_\_\_  
\_\_\_\_\_

Student's signature \_\_\_\_\_

Date of request \_\_\_\_\_

BELOW LINE FOR OFFICE USE ONLY

Completed by: \_\_\_\_\_ Date Completed: \_\_\_\_\_