

# PRIORITY MAIL WITH DELIVERY CONFIRMATION REQUEST FORM

Last Name	First	Middle	Birthname
Current Address			
City	State	ZIP Code	
Daytime Telephone Number		UM I.D. # or Last 4 digits of S. S. Number	
Evening Telephone Number		E-mail Address	

Please update your *Reference File Registration* form if your address or name has changed.

### BEFORE YOU PLACE YOUR REQUEST . . .

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| <ul style="list-style-type: none"> <li>✓ <b>Requests are filled with the letters in your file at the time the request is submitted.</b> To check the status of your file, go to <a href="http://www.careercenter.umich.edu">www.careercenter.umich.edu</a> if you have a current UM I.D., or call us at (734)764-7459.</li> <li>✓ Check to make sure the addresses to which letters are being sent are both complete and accurate.</li> <li>✓ All Priority Mail requests will be sent using Delivery Confirmation. You will receive tracking information via e-mail notification if you provide your e-mail address on this Request Form.</li> </ul> | <ul style="list-style-type: none"> <li>✓ <b>Payment of \$10 per address is due at the time your request is submitted.</b> Cash, check, and MasterCard/Visa are accepted. Make checks payable to <i>University of Michigan</i>.</li> <li>✓ The total expected processing and delivery time for Priority Mail requests is 3-6 business days.</li> <li>✓ Since some deadlines require immediate processing, ask about our Overnight Service if you have an important deadline approaching.</li> <li>✓ When faxing a request, please include a MasterCard or Visa number and the expiration date of the card on your request.</li> </ul> |
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*I have verified that my reference letter file is complete and current at the time of this request. Also, I have verified that the addresses and phone numbers provided are correct.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

✚ Requests cannot be processed without a signature

For payment by credit card, please complete the following (incomplete payment information may result in delayed processing time):	Check One: Visa      MC
_____ Cardholder's Name	_____ Total Amount
_____ Credit Card Number	_____ Expiration Date
_____ Cardholder's Signature	_____ Today's Date

**\*\*\* Please Provide Addresses on the Back of this Form \*\*\***

OFFICE USE:	Date Rec'd _____	Initials _____	# of Addresses _____	Date Sent _____
	Time Rec'd _____	Amt. Paid _____	Paid By _____	

Attn: Reference Letter Service – The Career Center – University of Michigan –  
515 East Jefferson Street, 3200 SAB – Ann Arbor, Michigan 48109-1316  
Phone (734)764-7459 / Fax (734)763-4917  
[www.careercenter.umich.edu](http://www.careercenter.umich.edu)  
Division of Student Affairs

CPP 011001K  
Rev. 3/08

Law School Admissions  
Medical School Admissions  
Graduate School Admissions  
Employment  
Scholarships or Fellowships

Please list the author of each letter to be sent to this address:

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Law School Admissions  
Medical School Admissions  
Graduate School Admissions  
Employment  
Scholarships or Fellowships

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Law School Admissions  
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Law School Admissions  
Medical School Admissions  
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Employment  
Scholarships or Fellowships

Please list the author of each letter to be sent to this address:

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Name and Title

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Department

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Organization

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Exact Street Address Required

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City State ZIP Code

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Area Code & Phone Number Country

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Name and Title

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Department

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Organization

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Exact Street Address Required

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City State ZIP Code

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Area Code & Phone Number Country

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Name and Title

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Department

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Organization

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Exact Street Address Required

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City State ZIP Code

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Area Code & Phone Number Country

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Name and Title

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Department

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Organization

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Exact Street Address Required

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City State ZIP Code

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Area Code & Phone Number Country