



**REFERENCE LETTER REMOVAL
REQUEST FORM**
(Initiated by the File Holder)

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

I, _____ (Full printed name), request that The Career Center’s Reference Letter Service permanently remove reference letter(s) written by the following author(s) from my file. I understand that the original letter(s) cannot be released to me or to the author(s) and will be permanently removed upon processing of this request.

_____	_____
_____	_____
_____	_____
_____	_____

Signed: _____ Date: _____

Attn: Reference Letter Service
The Career Center – University of Michigan
515 E. Jefferson, 3200 SAB
Ann Arbor, Michigan 48109-1316
Phone (734)764-7459 / Fax (734)763-4917
www.careercenter.umich.edu
rlservice@umich.edu

