

STANDARD 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.

\$6.00 per address. Please check one:

- UM student/Recent graduate*
*graduated within past 12 months
- UM alumni/ae

BEFORE YOU PLACE YOUR REQUEST. . .

- | | |
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| <ul style="list-style-type: none"> ✓ Requests are filled with the letters in your file at the time the request is submitted. To check the status of your file, go to www.careercenter.umich.edu if you have a current UM I.D., or call us at (734)764-7459. ✓ Check to make sure the addresses to which letters are being sent are both complete and accurate. ✓ We will resend a file to the SAME address free of charge if it has not arrived at its destination after 10 business days. If the file needs to be resent to a DIFFERENT address or with a different combination of letters, a new request must be submitted in writing with accompanying payment. | <ul style="list-style-type: none"> ✓ The expected total processing and delivery time is 5-8 business days. ✓ Since some deadlines require immediate processing, ask about our Overnight or Priority Service if you have an important deadline approaching. ✓ Payment is due at the time your request is submitted. Cash, check, and MasterCard/Visa are accepted. Make checks payable to <i>University of Michigan</i>. ✓ When faxing a request, please include a MasterCard or Visa number and the expiration date of the card on your request. |
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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: <input type="checkbox"/> Visa <input type="checkbox"/> 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 _____		
	Time Rec'd _____	Amt. Paid _____	Paid By _____		Date Sent _____

- 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:

- Law School Admissions
- Medical School Admissions
- Graduate School Admissions
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Please list the author of each letter to be sent to this address:

Name and Title

Department

Organization

Exact Street Address Required

City	State	ZIP Code
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Area Code & Phone Number	Country
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Name and Title

Department

Organization

Exact Street Address Required

City	State	ZIP Code
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Area Code & Phone Number	Country
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Name and Title

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Area Code & Phone Number	Country
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Area Code & Phone Number	Country
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