



**Office of Medical Student Education**

Registration and Records  
 1135 Catherine Street  
 5100 Taubman Health Sciences Library  
 Ann Arbor, Michigan 48109-5726

**QUESTIONS?** Email: [regassist@umich.edu](mailto:regassist@umich.edu)  
**PLEASE EMAIL THIS FORM TO [regassist@umich.edu](mailto:regassist@umich.edu)**

**For postgraduate education certification (fellowship, internship, residency), please visit the Residency & Fellowship Education website at <https://medicine.umich.edu/medschool/education/residency-fellowship> to find the appropriate department contact for certification.**

**WAIVER FOR RELEASE OF INFORMATION AND RELEASE FROM LIABILITY**

I, the undersigned, hereby authorize University of Michigan Medical School and its Staff to provide any, and all, information pertaining to my medical education and/or Doctor of Medicine (MD) degree.

**SIGNATURE**

\_\_\_\_\_  
**PRINTED NAME (FIRST, MIDDLE, LAST)**

\_\_\_\_\_  
**TODAY'S DATE (MM/DD/YYYY)**

XXX-XX

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**SOCIAL SECURITY NUMBER (LAST 4 DIGITS ONLY)**

\_\_\_\_\_  
**NAME AT TIME OF GRADUATION (IF DIFFERENT FROM ABOVE)**

\_\_\_\_\_  
**DATE OF BIRTH (MM/DD/YYYY)**

\_\_\_\_\_  
**DATE OF GRADUATION FROM UMMS (MONTH/YEAR)**

**EMAIL ADDRESS**

**PHONE NUMBER (###-###-####)**

**REQUEST(S) (SELECT ONE OR MORE)**

	Complete and send enclosed Form(s) for certification/verification of Medical Education and/or MD degree.
	Send certified copy and English translation of Medical School Diploma.
	Send Dean's Letter (aka MSPE) <b>The MSPE is prohibited from being released to graduates/students.</b>
	Other: Please specify.
<b>ALL transcript requests must be submitted to the University of Michigan Registrar's Office. Please visit <a href="https://ro.umich.edu/records-registration/transcripts">https://ro.umich.edu/records- registration/transcripts</a> to request a transcript.</b>	

**RECIPIENT'S INFORMATION**

	<b>EMAIL REQUESTED DOCUMENTS TO:</b>	
	<b>UPLOAD REQUESTED DOCUMENTS TO:</b>	
	<b>MAIL REQUESTED DOCUMENTS TO:</b>	
	FULL NAME	
	ORGANIZATION	
	ADDRESS 1	
	ADDRESS 2	
	CITY/STATE/ZIP	
	PHONE NUMBER	

**-- IN THE EVENT OF MULTIPLE RECIPIENTS, PLEASE SUBMIT A SEPARATE RELEASE FORM FOR EACH RECIPIENT --**