Univ	ersity of Michigan Identification Number (UMID #) If Known
Transcript/Academic Rec	ord Submission Form
To ensure that Rackham can match your transcripts/academic records to y records.	our application submit this form with the transcripts/academic
All applicants are required to mail 1 set of transcripts/academic records re degree to:	presenting a Bachelor's, Master's, Professional and/or Doctoral
Rackham Graduate School Attn: Transcripts/UMID (if known) or Date of Birth (mm/dd/yyyy) 915 E Washington Street Ann Arbor, MI 48109-1070 USA	
If you participated in a non-degree program, study abroad, or Associate degree, please send your transcripts/academic records, if required, to the graduate program with a copy of the application. Do not mail these to Rackham. These transcripts will not be processed by Rackham.	
Providing incomplete information will result in your documents not being academic records to the Rackham Graduate School by completing this for academic records.	
Provide your Full Legal Name as it appears on your passport.	
Last Name / Family Name / Surname	
First or Given Name	
Middle Name	
Middle Name	
Other name you have used on prior academic records:	

Other Last Name

Other First Name

Birthdate (mm/dd/yyyy)

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