



**AUTHORIZATION AND REQUEST FOR RELEASE OF DORSEY SCHOOLS TRANSCRIPT**

**TO: DORSEY SCHOOLS  
31799 JOHN R. ROAD  
MADISON HEIGHTS, MI 48071**

**I HEREBY AUTHORIZE DORSEY SCHOOLS TO RELEASE (CHECK ONE)  
( ) TRANSCRIPT OF GRADES ( ) Official DIPLOMA**

\_\_\_\_\_  
Name of Requesting School or Individual

\_\_\_\_\_  
Address City State zip Code

**Student Information:**

\_\_\_\_\_  
Name While Attending Dorsey Schools Current Name

\_\_\_\_\_  
Date of Birth Date of Attendance Last 4 digits of Social Security Number

\_\_\_\_\_  
Current Address / City State / Zip Code ( ) Phone Number

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**THERE IS A \$5.00 FEE FOR EACH TRANSCRIPT REQUESTED.  
THERE IS A \$10.00 FEE FOR EACH DIPLOMA REQUESTED.  
Cash or Money Orders Only  
Please no checks or credit cards**

FOR OFFICE USE:  
Fee Paid ( ) Cash ( ) Money Order  
Staff Initials \_\_\_\_\_  
Sent to Corporate \_\_\_\_\_