



**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 all that apply):
() Transcript of Grades () Diploma

Name of Requesting School or Individual

Street 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 \$10.00 fee for each transcript or diploma requested.
Cash or Money Orders Only
Please no checks or credit cards

FOR OFFICE USE:

Fee Paid () Cash () Money Order

Staff Name (please print)_____

Corporate Staff Name (please print)_____

Date Sent to Corporate_____

Date Sent to Requestor (copy campus)_____