



AUTHORIZATION AND REQUEST FOR RELEASE OF DORSEY SCHOOLS TRANSCRIPT

Please Mail Requests To the Campus the Student(s) Attended Listed Below:

Table with 4 columns: Saginaw Campus, Taylor Campus, Wayne Campus, Waterford/Pontiac Campus; Dearborn Campus, Southgate Campus, Roseville Campus, Madison Heights Campus. Each cell contains the campus name and its address.

If the campus is NOT listed, Please mail requests to: Campus Support Center, 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 Order Only Please no checks or credit cards

FOR OFFICE USE

Fee Paid () Cash () Money Order

Staff Name (please print) Campus Support Center Staff Name (please print)

Date Sent to Campus Support Center Date Sent to Requestor (copy campus)