



AUTHORIZATION AND REQUEST FOR RELEASE OF
DORSEY SCHOOLS TRANSCRIPT

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

Saginaw Campus 4390 Bay Road Saginaw, MI 48603	Taylor Campus 23125 Ecorse Road Taylor, MI 48180	Wayne Campus 35005 W. Michigan Ave. Wayne, MI 48184	Waterford/Pontiac Campus 440 N. Telegraph Road Pontiac, MI 48341
Dearborn Campus 48660 Ford Road Detroit, MI 48228	Woodhaven Campus 19810 West Road Woodhaven, MI 48183	Roseville Campus 31522 Gratiot Ave. Roseville, MI 48066	Madison Heights Campus 31739 John R Road Madison Heights, MI 48071

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) _____