



AUTHORIZATION AND REQUEST FOR RELEASE OF  
DORSEY TRANSCRIPT

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

**Dorsey College  
Saginaw**

4390 Bay Road  
Saginaw, MI 48603

**Dorsey College  
Dearborn**

18660 Ford Road  
Detroit, MI 48228

**Dorsey College  
Wayne**

35005 W. Michigan Ave.  
Wayne, MI 48184

**Dorsey School of  
Beauty Taylor**

23125 Ecorse Road  
Taylor, MI 48180

**Dorsey College  
Madison Heights**

31739 John R Road  
Madison Heights,  
MI 48071

**Dorsey College  
Woodhaven**

19810 West Road  
Woodhaven, MI 48183

**Dorsey College  
Roseville**

31522 Gratiot Ave.  
Roseville, MI 48066

**Dorsey College  
Grand Rapids**

2620 Horizon Drive, SE Suite 200  
Grand Rapids, MI 49546

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 College or Dorsey School of Beauty to release (Check all that apply):

☐ Transcript of Grades    ☐ Diploma

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

\_\_\_\_\_  
Street Address of Requesting School or Individual

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**Student Information:**

\_\_\_\_\_  
Name While Attending Dorsey

\_\_\_\_\_  
Current Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Last 4 digits of Social Security Number

\_\_\_\_\_  
Dates of Attendance

\_\_\_\_\_  
Program Attended

\_\_\_\_\_  
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) \_\_\_\_\_