



**AUTHORIZATION AND REQUEST FOR RELEASE OF
DORSEY COLLEGE/DORSEY SCHOOL OF BEAUTY TRANSCRIPT/DIPLOMA**

Please Check Box & Send Requests to the Campus that the Student(s) Attended:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Dorsey College
Saginaw
4390 Bay Rd
Saginaw, MI 48603 | <input type="checkbox"/> Dorsey College
Dearborn
48660 Ford Rd
Detroit, MI 48228 | <input type="checkbox"/> Dorsey College
Wayne
35005 W. Michigan Ave.
Wayne, MI 48184 | <input type="checkbox"/> Dorsey School of
Beauty Taylor
23125 Ecorse Rd
Taylor, MI 48180 |
| <input type="checkbox"/> Dorsey College
Madison Heights
31739 John R Rd
Madison Heights, MI 48071 | <input type="checkbox"/> Dorsey College
Woodhaven
19810 West Rd
Woodhaven, MI 48183 | <input type="checkbox"/> Dorsey College
Roseville
31522 Gratiot Ave.
Roseville, MI 48066 | <input type="checkbox"/> Dorsey College
Grand Rapids
2620 Horizon Dr, SE Suite 200
Grand Rapids, MI 49546 |

If the campus is NOT listed, please send requests to:

Campus Support Center
31799 John R Rd
Madison Heights, MI 48071
Or: transcriptrequest@dorsey.edu

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

() Official Transcript () Unofficial Transcript () Diploma

Name of Recipient of Transcript/Diploma (Organization/School/Individual)

Street Address City State Zip Code

Student Information:

Name While Attending Dorsey Current Name (if different)

Date of Birth Dates Attended Program Student ID (if known)

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

Student's Signature Date

**There is a \$20.00 fee for each official transcript or diploma.
No personal checks accepted.**

FOR OFFICE USE

Staff Name (please print) _____ Date Sent to Recipient (copy campus) _____