



**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:

☐ **Dorsey College
Saginaw**

4390 Bay Rd
Saginaw, MI 48603

☐ **Dorsey College
Dearborn**

18660 Ford Rd
Detroit, MI 48228

☐ **Dorsey College
Wayne**

35005 W. Michigan Ave.
Wayne, MI 48184

☐ **Dorsey School of
Beauty Taylor**

23125 Ecorse Rd
Taylor, MI 48180

☐ **Dorsey College
Madison Heights**

31739 John R Rd
Madison Heights, MI 48071

☐ **Dorsey College
Woodhaven**

19810 West Rd
Woodhaven, MI 48183

☐ **Dorsey College
Roseville**

31522 Gratiot Ave.
Roseville, MI 48066

☐ **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) _____