



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

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

**Dorsey School of  
Beauty Taylor**  
23125 Ecorse Rd  
Taylor, MI 48180

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 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) \_\_\_\_\_