



AUTHORIZATION AND REQUEST FOR RELEASE OF DORSEY TRANSCRIPT

TO: Dorsey Schools
30775 Barrington Ave. Suite 100
Madison Heights, MI 48071

I hereby authorize Dorsey Schools to release one (check one)

transcript of grades diploma to:

Name of School or Individual

Address City State Zip Code

Student Information:

Name When Attending Dorsey School Current Name

Date of Birth Date of Attendance Social Security No.

Current Address/City/State/Zip Phone Number

Student's Signature Date

There is a \$5.00 fee for each transcript requested.

There is a \$10.00 fee for each diploma requested.

FOR OFFICE USE:

Fee Paid: Cash Money Order

Staff Initials _____

Sent to Corporate _____