

**DETROIT PUBLIC SCHOOLS - TRANSCRIPT RELEASE REQUEST RECEIPT**

Date/Time Submitted: _____ Request Received by: _____ <p align="center"><b>PLEASE ALLOW AT LEAST 10 -15 BUSINESS DAYS FOR RELEASE OF INFORMATION. THANK YOU FOR YOUR PATIENCE.</b></p>	STUDENT INFORMATION SYSTEMS Transcripts Department, South Wing Frederick Douglass Academy 2001 W. Warren Avenue Detroit, MI 48202 Telephone: (313) 873-7590 FAX: (313) 873-7011 (Student Requests) Receipt # _____
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-----**DETACH HERE**-----



STUDENT INFORMATION SYSTEMS  
 Transcripts Department, South Wing  
 2001 W. Warren Avenue  
 Detroit, MI 48202  
 Telephone: (313) 873-7590  
 FAX: (313) 873-7011  
**(Student Transcripts Only)**

**TRANSCRIPT RELEASE REQUEST**

Receipt # \_\_\_\_\_



The Detroit Board of Education requires a signed release of information and identification from any person or institution requesting school records. This release must be completed before any records can be issued. Please provide the following information and return the completed form to a records representative. Thank you.

**You must complete all sections denoted with a ►**

**Name as it appears on school records:**

► **First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Last/Maiden:** \_\_\_\_\_

► **Birth Date** \_\_\_\_\_ **Current Telephone Number:** ( ) \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Mother's Name** \_\_\_\_\_

► <b>Last Detroit Public School:</b>	► <b>Dates</b>
<u>School Attended</u>	<u>Dates</u>

► **Last Grade Completed** \_\_\_\_\_ **Did You Graduate?**  No  Yes **If, Yes, YEAR of Graduation** \_\_\_\_\_

- **Transcript will be:**
- Picked Up:** **Pick-up Date:** \_\_\_\_\_
  - Faxed:** **Fax Number:** ( ) \_\_\_\_\_
  - E-mailed:** **E-Mail Address:** \_\_\_\_\_
  - Mailed** **Address:** \_\_\_\_\_

- **Purpose of the Request – Check One:**
- Birth Verification (to get ID Social Security Card, Passport, etc.)**
  - Transcript (for employment or to continue education)**
  - Transfer to Non-DPS School (Requesting School or District Name)** \_\_\_\_\_

► **Signature:** \_\_\_\_\_

► **Signature of Parent/Guardian (if person is under 18 years old)** \_\_\_\_\_

**TRANSCRIPT DEPARTMENT ONLY**

► **Request Type – Check One:**

Fax   
  Mail   
  Telephone   
  E-mail   
  Drop Box   
  Walk-In   
  Other

► **Request Taken By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Official Transcript ONLY! – For College, University or Employment**

**Mail to:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

AS400   
  Card   
  Graduation Letter   
  Other Letter  
 Laser fiche   
  Reel   
  Citywide Roster Letter   
  Info from School

**Comments** \_\_\_\_\_

\_\_\_\_\_