



Detroit Public Schools
Transcript Release Request Form
Instruction Sheet

OFFICE OF STUDENT RECORDS & TRANSCRIPTS

Transcripts Department, Room 167
2001 West Warren Avenue – South Wing
Detroit, MI 48208-2216
Telephone: (313) 576-0090



**PLEASE ALLOW UP TO 30 BUSINESS DAYS
FOR RELEASE OF INFORMATION**

Please read the following in its entirety before proceeding.

Processing Time: We only process records for Detroit Public Schools (DPS)

- In accordance with 34 CFR § 300.613 we will respond to any records requests without unnecessary delay.
- Processing time, once requests have been received by Office of Student Records and Transcripts is up to 30 business days.
- Please be advised that records may require additional time to research as these records are stored at an offsite location. Each case is unique and based on the age and quality of the student record. Other extenuating circumstances may require special attention and time to retrieve these documents. Your patience is requested as we work to retrieve these records for your special case.

Transcript Release Request Form

The Transcript Release Request Form must be completed - Partial forms will not be accepted. ***Failure to complete any one of the fields below may delay or prevent your request from being processed (Incomplete requests along with fee will be returned):***

- | | |
|--|---|
| <ul style="list-style-type: none"> • Current Full Name • Former Name (Name as it appears on school records) • Date of Birth • Best Contact Number • Last DPS School Attended • Dates of Attendance | <ul style="list-style-type: none"> • Indicate if you graduated, attended Night School, Adult Education or Summer School (Very Important) • Transcript Delivery • Purpose of Request • Signature |
|--|---|

Transcript Release Request forms can be submitted in one of the two following ways:

- ***Walk-in Service*** at the Office of Transcripts and Student Records in the Student Services & Data Management Complex at 2001 West Warren Avenue (South Wing), Detroit, MI 48208-2216
- ***By mail*** to Office of Student Records and Transcripts, Division of Technology & Information Services, 2nd Floor, 1425 East Warren Avenue, Detroit, MI 48207-1020

Supporting Documentation (Required) - Failure to provide will result in your request being returned

Along with your completed signed Transcript Release Request Form, you must provide the ***following***:

- Payment of a **non-refundable** fee (see Fee Schedule) in the form of a **money order or cashier check** made payable to Detroit Public Schools **for each copy of a document requested**. **We do not accept personal checks, credit/debit cards or cash payments at this time.**
- A **clear** copy of your valid I.D. (Driver's License, State Identification Card, etc.).

The requesting individual will be required to present photo identification upon retrieving the copied record (Note: If request is sent via USPS, please include a **clear** copy of your photo identification along with the Signed completed Request Form). Requesting person/organization, if not parent, legal guardian, eligible student must attach documentation evidencing representation of the DPS Student (i.e. signed release). In accordance with the Family Education and Privacy Act (FERPA) of 1974, P.L. 93-380 Section 438 we will respond to any student record request.

Note: Please feel free to visit the DPS website to obtain additional information.
URL is as follows: http://detroitk12.org/admin/orea/ppm/student_records/transcripts/

Please contact the DPS Service Desk at (313) 576-0090 for assistance, Monday thru Friday from 7 a.m. – 5 p.m.



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REQUESTORS INFORMATION

Current Full Name: First, Middle & Last (required) _____ Former Name (Name as it appears on school records – if applicable) _____

Father's/Guardians Name _____ Mother's/Guardians Name (Name while you attended DPS – if applicable) _____

Student ID Number (if known) _____ Date of Birth (required) _____ Best Contact Number (required) _____

Last DPS School Attended (required) _____ Approximate Dates of Attendance (required): Month/Year _____

Did you attend Adult Education? No Yes Did you attend Night School? No Yes

Did you graduate? No → _____ Last Grade Completed Yes → _____ MM/YYYY of Graduation → Did you graduate via Summer School? No Yes

→ _____ Degree Awarded (Diploma or Adult Ed/GED)

SERVICE OPTIONS AND FEES (SEE ATTACHED FEE SCHEDULE)

Select only one service per form.

- Mail Service (**Non-refundable** fee per Transcript) *Processed within 30 business days of receipt. Mailing Address: Detroit Public Schools, Office of Student Records & Transcripts, Division of Technology & Information Services, 2nd Floor, 1425 East Warren Avenue, Detroit, MI 48207-1020*
- Walk-in Service (**Non-refundable** fee per Transcript) *Picked up in the Office of Student Records and Transcripts (The signed Transcript Release Request form and other supporting documentation must be submitted in person).*

TRANSCRIPT DELIVERY (REQUIRED)

In-Office Pickup Fax → _____ Fax Number: (123) 456-7890 Email → _____ Email Address: (youremail@gmail.com)

Mail → _____ Mailing Address where transcript(s) will be mailed via USPS (Street Address, City, State & Zip Code)

PURPOSE OF REQUEST (CHECK ONE)

- Verification of Enrollment (to get ID, Social Security Card, Passport, etc.)
- Transcript (for employment or to continue education)
- Transfer to Non-DPS School → _____ Indicate Name of Requesting School or District Name

"Falsifying Documents" is a **federal crime** that involves altering, changing, or modifying a document for the purpose of deceiving another person, company, institution, or organization. Depending on the nature of the offense, as well as Michigan state laws, falsifying documents may result in **monetary fines and or a prison sentence of 5-25 years.**

I am aware of my rights under the law (indicated on page one) and will include a payment with this completed form and non-refundable fee (see attached Fee Schedule) for each record requests. Methods of payment: cashier's check or money order payable to: Detroit Public Schools. We do not accept Personal Checks, Cash payments or Credit/Debit Cards at this time.

➔ Signature: _____ Student/Requestor (required) _____ Parent/Guardian (if person is under 18 years old)

FOR RECORDS DEPARTMENT USE ONLY

Cashier's Check/
Money Order Receipt #: _____ Service Desk Ticket #: _____ Student ID #: _____

Findings/Results: Confirmed Graduation Transcript Found Verification Letter Provided Student Records Not Found