



DETROIT BUSINESS INSTITUTE

DOWNRIVER

19100 FORT STREET
RIVERVIEW, MI 48193

(734) 479-0660
Fax (734) 479-0738

AUTHORIZATION AND REQUEST FOR RELEASE OF TRANSCRIPT

DATE _____

STUDENT NAME _____ NAME _____
WHILE ATTENDING _____

SOCIAL SECURITY# _____ DATE OF BIRTH _____

PRESENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

CURRENT PHONE# _____

DATES ATTENDED: FROM _____ TO _____

RIVERVIEW DETROIT SOUTHFIELD WARREN

IF PRIOR TO 1971 LIST LOCATION _____

SEND COPY OF TRANSCRIPT TO: _____

(NAME) _____

(ADDRESS) _____

(CITY/STATE/ZIP) _____

I, _____, would like a copy of my grade transcript sent to the above address.
(Signature required)

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

INSTRUCTIONS:

Complete form and return with a \$5 check or money order to:

DETROIT BUSINESS INSTITUTE-DOWNRIVER
ATTN: REGISTRAR
19100 FORT STREET
RIVERVIEW MI 48193

OFFICE USE ONLY

F/A APPROVAL - INITIALS:
DATE MAILED:

ACCOUNTING APPROVAL - INITIALS: