

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: _____

CAMPUS: 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 WILL BE A \$10.00 FEE FOR EACH TRANSCRIPT REQUESTED

INSTRUCTIONS: Complete form and return with a \$10.00 check or money order to:

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

OFFICE USE ONLY

F/A APPROVAL- INITIALS _____

ACCOUNTING APPROVAL -INITIALS _____

DATE MAILED: _____