

DEARBORN PUBLIC SCHOOLS
CONSENT TO RELEASE RECORDS FORM



Dearborn School last attended _____

LAST YEAR ATTENDED _____

LAST NAME USED IN HIGH SCHOOL _____

DATE OF BIRTH _____

Current Last Name _____

FIRST NAME _____

MIDDLE NAME _____

Current Address _____

Mother's First Name _____

Father's First Name _____

City _____

State _____

Zip _____

Current Phone Number _____

Please Check Record You Need:

High School Transcript **\$3.00** _____

Did you graduate? Yes _____ No _____

DIPLOMA (Takes 4-6 weeks to order) **\$50.00** _____

Enrollment History/Mobility Letter **\$3.00** _____ Report Card (Summer Only-Grades K-8) _____

Send/Release Record to:

Make check Payable to **Dearborn Public Schools** and mail to:
Dearborn Public Schools-Office of Student Services
18700 Audette Room 5
Dearborn, MI 48124
Or Fax to: (313) 827-3133

*****Cash or Check only**

****COPY OF PHOTO ID REQUIRED**

TO RELEASE RECORDS, THIS FORM MUST BE COMPLETED AND SIGNED BY THE PERSON WHOSE RECORDS ARE TO BE RELEASED.

Signature _____

Date _____

DO NOT WRITE BELOW THIS LINE

ID _____ No. of copies _____ Amount Paid _____ Mailed _____ Picked up _____ Date: _____ Initials _____