



# Detroit Public Schools Community District

## 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 Community District (DPSCD)**

- 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):***

- |  |   |
|--|---|
| • Current Full Name                                  | • Indicate if you graduated, attended Night School, Adult Education or Summer School (Very Important) |
| • Former Name (Name as it appears on school records) | • Transcript Delivery   |
| • Date of Birth                                      | • Purpose of Request  |
| • Best Contact Number                                | • Signature   |
| • Last DPSCD School Attended                         |   |
| • Dates of Attendance                                |   |

**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, Department of Information Technology, 2<sup>nd</sup> 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 Community District **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 DPSCD 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 DPSCD website to obtain additional information.  
 URL is as follows: [http://detroitk12.org/admin/orea/ppm/student\\_records/transcripts/](http://detroitk12.org/admin/orea/ppm/student_records/transcripts/)

**Please contact the DPSCD 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 DPSCD – if applicable) \_\_\_\_\_

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

Last DPSCD 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 Community District, Office of Student Records & Transcripts, Department of Information Technology, 2<sup>nd</sup> 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-DPSCD 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 Community District. 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