



ADULT EDUCATION CENTERS
Detroit Public Schools Community District

TRANSCRIPT REQUEST FORM

High School Completion and Adult Education Special Programs

ADULT EDUCATION CENTER – WEST CAMPUS
16164 Asbury Park, Detroit, MI 48235
Dr. Dedria Willis, Principal
(313) 852-1089 / FAX: (313) 852-0640

Please provide photo identification: Driver’s License / State Identification.

48 HOURS REQUIRED TO PROCESS ALL TRANSCRIPTS. THERE IS NO FEE.

***Staff will notify you when transcript is ready for pick-up. ***

For Transcript Pick-Up report to the West Campus and use the entrance on Murray Hill and Puritan.

DATE: _____

Student name during the time of Adult Education enrollment or completion:

Phone number including area code: (_____) _____

Student’s Birthday: _____

School(s) Student Attended: _____

Year Graduated: _____

If you wish to have the transcript mailed to you, a school or a company, please complete the bottom of this form:

PLEASE PRINT YOUR INFORMATION CLEARLY IN THE SPACE BELOW

Name, Company or School _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____

Special Attention or Instructions _____

****Some adult education transcripts are not available before 1986.** In this case, graduation program books (if available) are used to type a letter indicating high school / program completion.