

TRANSCRIPT REQUEST FORM

Permission for Release of School Records from Southgate Community Schools

I hereby give my permission for the release of records for:

Student Name while in school (Please Print)

Birthdate:

Year of Graduation:

OR

Dropped Year:

Name of School: Schafer High School Southgate Anderson High School

Southgate High School Other

In compliance with Public Law 92-330. Section 408, Subsection 3 (1) and 3 (2), Protection of Rights and Privacy of Students, schools may not divulge records or personal information included in them to a third party without consent of the student (18 and over) or the parent/guardian of a student under 18.

Signature of Person Requesting Transcript: _____

Phone Number of Person Requesting Transcript:

Send Transcript to:

Please Note: A fee of \$3.00 is charged for transcripts requested one year after graduation and/or dropping from school. Make check/money order payable to Southgate Anderson High School. If paying with a debit/credit card, please include the following information:

Card #: Exp Date:

Address of Cardholder:

Requests can be mailed to the following address: Southgate Anderson High School
Transcript Request
15475 Leroy Ave.
Southgate, MI 48195

Emailed to: denmans@sgate.k12.mi.us
Faxed to: (734) 991-0100