

CARMAN-AINSWORTH COMMUNITY SCHOOLS

G-3475 West Court Street

Flint, Michigan 48532

Phone (810) 591-8283 Fax: (810) 591-3290

Email: ttynes@carmanainsworth.org

For Office Use
Only

Last Name	_____
First Name	_____
Location/Tape #	_____
Date Records Sent	_____
Sent By	_____
Pick Up	_____ US Mail _____ e-Mail _____ Fax _____

Consent to Release Official Transcripts**PLEASE PRINT CLEARLY — THIS FORM IS VALID FOR FINAL TRANSCRIPTS ONLY****Requesting:**

Transcript: _____ ACT: _____ IEP _____

Copies of Diplomas are NOT available. Copies of GED Transcripts are only available through the State of Michigan via DiplomaSender. Orders can be placed online www.diplomasender.com or by phone 855-313-5799.

Name: _____
(Maiden Name or Name when Attending School) Married Name

Birth Date: _____ Last 4 of Social Security No. _____

Last Year of Attendance (to the best of your memory): _____

Grade Completed: _____ Graduation Year: _____

Check if applicable: Adult Education ☐ Drop ☐**Current Information:**

Current Address: _____

City/State/Zipcode: _____

Phone: _____ Email: _____

Please send my records to the following address:

Name: _____

Agency/School: _____

Address: _____

City/State/Zipcode: _____

Email: _____

*(Transcripts can only be sent to colleges, universities, or employers; no personal email accounts.)***OR**

I will pick up records on: _____

Best Time To Contact You: _____

I consent to the release by the Carman-Ainsworth Community Schools of the records, files and/or data of the individual listed above. I understand that I may review these records in accordance with the provisions of the Family Educational Rights and Privacy Act.

Signature of Student (if 18 or over) or Parent/Guardian_____
Date