

# 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:* mcneese@sgate.k12.mi.us  
*Faxed to:* (734) 246-7840