



AUTHORIZATION AND REQUEST FOR RELEASE OF DSDT TRANSCRIPT

Please Mail or Email Requests to:

DSDT
1759 W. 20th Street
Detroit, MI 48216

OR

Transcripts@dsdt.edu

I hereby authorize DSDT to release (Check all that apply):

Transcripts

Certificate of Completion

Diploma

Name of Requesting School or Individual

Street Address

City

State

Zip Code

Student Information:

Name (While Attending DSDT)

Date of Birth

Dates of Attendance

Last 4 digits of Social Security Number

Current Address/City/State/Zip Code

Phone Number

Student Signature

Date

There is a \$10.00 fee for each transcript or certificate of completion/diploma requested.

Cash or Money Order Only

Please no checks or credit cards

Initial requests for transcript or certificate of completion/diploma will be granted without fee only time only.

