

# TRANSCRIPT REQUEST FORM

## Permission for Release of School Records from Southgate Community Schools

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

Birthdate:

Student Name while in school (*Please Print*)

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