

L'ANSE CREUSE ADULT/ALTERNATIVE EDUCATION
24001 F.V. Pankow Blvd
Clinton Township, MI 48036
586-783-6420 ext. 1210
Fax: 586-783-6423
rosepa@lc-ps.org
MAIL, EMAIL or FAX FORM TO: Records C/O Paula Rose

TRANSCRIPT/RECORD REQUEST

STUDENT'S NAME at graduation (Print): _____

GRADE: _____ **OR** GRADUATION YEAR: _____ **OR** YEAR(S) ATTENDED: _____

PROGRAM ATTENDED (Circle One): Adult Education (including GED) Riverside Academy

DATE OF BIRTH: _____ PHONE: _____

I am requesting a copy of: **(LIST NUMBER NEEDED NEXT TO ITEM)**

TRANSCRIPT _____ DIPLOMA _____

BIRTH CERTIFICATE _____ DISCIPLINE RECORDS _____

OTHER (Please explain) _____

REASON: _____

SEND/GIVE/FAX TO: _____

WILL PICK UP: DATE: _____ APPROX TIME: _____

IF SOMEONE OTHER THAN STUDENT IS PICKING UP INFORMATION PLEASE HAVE PERSON BRING ID AND PRINT THEIR NAME HERE: _____

Signature of Student Requesting Transcript: _____ DATE: _____

(Office Use Only) PICKED UP/SENT/FAXED DATE

SIGNATURE:

DATE:

*LAW REGARDING REQUESTS FOR RECORDS/TRANSCRIPTS: IF A STUDENT IS UNDER EIGHTEEN, WE NEED A PARENT/GUARDIAN SIGNATURE IF GIVEN TO A THIRD PARTY. IF STUDENT IS EIGHTEEN OR OLDER, WE NEED STUDENT'S SIGNATURE OR RELEASE FROM STUDENT FOR ANYONE REQUESTING RECORDS/TRANSCRIPTS (EVEN PARENTS).