

LIVONIA PUBLIC SCHOOLS

Department of Student Services

AUTHORIZATION TO RELEASE TRANSCRIPT

BENTLEY HIGH SCHOOL

Please Print

Date: _____

I hereby authorize the release of my high school transcript to:

Name of School or Agency

Address

City

State

Zip Code

Date Graduated Bentley High School: _____

Last Name

First Name

Middle Name

Birthdate: _____

Maiden Name: _____

Telephone Number: _____

Email: _____

Please send information via:

Mail Fax - Fax Number: _____ Email – Email Address: _____

Signature of Requester

Please return form to:

Bridget Holton

Department of Student Services – Livonia Public Schools

15125 Farmington Road

Livonia MI 48154

Phone: 734-744-2615 Fax: 734-744-2574

Email: Bholton@livoniapublicschools.org

***Please include \$5.00 for each transcript ordered.**