LIVONIA PUBLIC SCHOOLS
ADULT AND CONTINUING EDUCATION

(734-744-2603)

AUTHORIZATION TO RELEASE TRANSCRIPT/GED INFORMATION

Please Print

Date: _____

School Attended_____

Year Attended or Graduated_____

High School Completion _____ ***GED***_____

_____

Last Name ***First Name*** ***Middle Name***

_____ _____

Birth Date ***Maiden Name***

(_____)_____ _____

Telephone Number ***Social Security Number***

_____

Student's Signature ***(If under 18 years of age, parent must sign)***

PLEASE MAIL OFFICIAL TRANSCRIPTS DIRECTLY TO:

_____

Name of School or Agency

_____

Address ***City*** ***State*** ***Zip Code***

_ I would like an unofficial copy mailed to me at the address listed below:

_____

Address ***City*** ***State*** ***Zip Code***

Return to:

Sharon Grech
Livonia Public Schools
Adult Education Department
15125 Farmington Road
Livonia, MI 48154