

**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