

**CARMAN-AINSWORTH COMMUNITY SCHOOLS**

G-3475 West Court Street

Flint, Michigan 48532

Phone (810) 591-8283 Fax: (810) 591-3290

Email: ttynes@carmanainsworth.org

For Office Use  
Only

Last Name	_____
First Name	_____
Location/Tape #	_____
Date Records Sent	_____
Sent By	_____
Pick Up	_____ US Mail _____ e-Mail _____ Fax _____

**Consent to Release Official Transcripts****PLEASE PRINT CLEARLY — THIS FORM IS VALID FOR FINAL TRANSCRIPTS ONLY****Requesting:**

Transcript: \_\_\_\_\_ ACT: \_\_\_\_\_ IEP \_\_\_\_\_

*Copies of Diplomas are NOT available. Copies of GED Transcripts are only available through the State of Michigan via DiplomaSender. Orders can be placed online [www.diplomasender.com](http://www.diplomasender.com) or by phone 855-313-5799.*

Name: \_\_\_\_\_  
(Maiden Name or Name when Attending School) Married Name

Birth Date: \_\_\_\_\_ Last 4 of Social Security No. \_\_\_\_\_

Last Year of Attendance (to the best of your memory): \_\_\_\_\_

Grade Completed: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

**Check if applicable:** Adult Education ☐ Drop ☐**Current Information:**

Current Address: \_\_\_\_\_

City/State/Zipcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please send my records to the following address:**

Name: \_\_\_\_\_

Agency/School: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zipcode: \_\_\_\_\_

Email: \_\_\_\_\_

*(If institution will accept emailed copies)***OR**

I will pick up records on: \_\_\_\_\_

Best Time To Contact You: \_\_\_\_\_

I consent to the release by the Carman-Ainsworth Community Schools of the records, files and/or data of the individual listed above. I understand that I may review these records in accordance with the provisions of the Family Educational Rights and Privacy Act.

\_\_\_\_\_  
Signature of Student (if 18 or over) or Parent/Guardian\_\_\_\_\_  
Date