



# Adult Education Centers

Detroit Public Schools

## TRANSCRIPT REQUEST FORM High School Completion and Adult Education Special Programs

### ADULT EDUCATION CENTER - WEST CAMPUS

16164 Asbury Park • Detroit, MI 48235

**Dedria Willis, Principal**

313-852-1089 / Fax: 313-852-0640

Please provide photo identification: Driver's License / State Identification.

**48 HOURS REQUIRED TO PROCESS ALL TRANSCRIPTS. THERE IS NO FEE.**

For Transcript Pick-Up report to the West Campus and use the entrance on Murray Hill and Puritan.

Date: \_\_\_\_\_

Student name during the time of Adult Education enrollment or completion:

\_\_\_\_\_

Phone number including area code: (\_\_\_\_\_) \_\_\_\_\_

Student's Birthday: \_\_\_\_\_

School(s) Student Attended: \_\_\_\_\_

Year Graduated: \_\_\_\_\_

**If you wish to have the transcript mailed, please complete the bottom portion of this form.**

PLEASE PRINT YOUR INFORMATION CLEARLY IN THE SPACE BELOW.

Name, Company or School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Special Attention or Instructions \_\_\_\_\_

\* Some adult education transcripts are not available before 1986. In this case, graduation program books (if available) are used to type a letter indicating high school / program completion.