



24027 RESEARCH DRIVE
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(248) 476-1700 FAX (248) 476-6600
RECORDS@CDSERVICESINC.COM

SCHOOL/COLLEGE AUTHORIZATION

School/College/University Name: _____

Address: _____

Name on Record: _____

Address: _____

Date of Birth: _____ SS#: ____-____-____ Other ID: _____

I, the undersigned, hereby authorize the Custodian of the Records of the above-referenced entity to release information which may be requested regarding my attendance at the above identified school/college and to allow them or any person appointed by them to examine or photocopy any and all records regarding me or records which you have maintained in my file during the time period specified; including but not limited to dates of attendance, courses studied, grades received, and any certificates or degrees earned. If known, Dates of Attendance: _____.

Disclosure is to be made to: **C D SERVICES, INC.** 24027 Research Drive, Farmington Hills, MI 48335 and/or all attorneys of record.

This authorization is for copying purposes only and will be automatically revoked as soon as the purpose for which it has been given has been served.

A photocopy of this document shall be considered valid as if the original were offered.

Subscribed and Sworn to before me this
_____ day of _____, _____.

Notary Public, _____ County,

State of _____.

My Commission Expires: _____

Signature of Person / Legal Representative

CDS JOB #: _____