

JOHN BAPST MEMORIAL HIGH SCHOOL TRANSCRIPT RELEASE

A signed transcript release must be submitted for each transcript sent to any school or agency. Parent permission is necessary for anyone under age 18.

SEND THIS FORM TO:

JOHN BAPST MEMORIAL HIGH SCHOOL
100 BROADWAY
BANGOR, ME 04401
(PHONE#: 207-947-0313)

OR FAX IT: 207-941-2474

SEND MY TRANSCRIPT TO:

NAME OF AGENCY

OR SCHOOL: _____

ADDRESS TO _____

SEND TRANSCRIPT: _____

STUDENT'S NAME: _____
(INCLUDE MAIDEN NAME)

DATE OF BIRTH: _____

YEAR OF GRADUATION: _____

or

DATES OF ATTENDANCE: _____

HOW MAY WE CONTACT YOU IF WE NEED MORE
INFORMATION?

PHONE: _____

EMAIL: _____

IMPORTANT

I request John Bapst Guidance Office mail to the institution named above an official copy of my transcript containing a list of courses and grades.

Student Signature: _____

Parent Signature: _____

(If person requesting their transcript is under 18)