



# ALUMNI / FORMER STUDENT TRANSCRIPT RELEASE

## TRANSCRIPT REQUEST

I request the John Bapst Counseling Office mail to the institution named at left an official copy of my transcript, containing a list of courses and grades.

**Signature:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_  
*Required if student is under 18 years old*

A signed transcript release is required for each transcript sent to any school or agency. Parent permission is necessary for students under age 18.

**Fax this form to  
(207) 941-2474**

**or mail to**

**John Bapst  
Attn: Transcript Request  
100 Broadway  
Bangor, ME 04401.**

**Student's Name** \_\_\_\_\_  
*Include maiden name*

**Date of Birth** \_\_\_\_\_

**Year of Graduation** \_\_\_\_\_

*or*

**Dates of Attendance** \_\_\_\_\_

*How may we contact you for more information?*

**Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

## SEND TRANSCRIPT TO

\_\_\_\_\_  
*Name of Agency or School*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City / State / Zip*