



# ALUMNI / FORMER STUDENT TRANSCRIPT RELEASE

## TRANSCRIPT REQUEST

- I request an official copy of my transcript be sent to the institution listed on this request.
- I request an unofficial copy of my transcript be sent to me at the address listed.

**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  
**(207) 941-2474**

Email request - [alumnitranscriptrequest@johnbapst.org](mailto:alumnitranscriptrequest@johnbapst.org)

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, School or Former Student*

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

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