



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 to
(207) 941-2474**

Email Request - alumnitranscriptrequest@johnbapst.org

**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