OFFICIAL ACADEMIC TRANSCRIPT REQUEST

Bangor High School * Registrar’s Office * 885 Broadway * Bangor, ME 04401 * 207-992-5517 * Fax # 207-942-2668

***If you graduated through Adult Ed please contact them at 207-992-5523***

***During the summer transcripts will be processed the following Wednesday.***
First three copies are free, $1.00 thereafter.

Student Name:____________________________________________ Maiden Name:____________________________________________

Student Address:____________________________________________ Date of Birth:____________________________________________

Phone Number:____________________________________________

Are you a current high school student? Yes _____No_____ If no, Year of Graduation/Year left school:________

I am requesting the following service:

_____ Send transcript to me at address listed above. Number of transcripts to be mailed to you _____

Would you like them issued directly to you_____ OR Issued to you in a sealed envelope_____

_____I will pick up my transcript. Number of transcripts to be picked up_____.___

Would you like them issued directly to you_____ OR Issued to you in a sealed envelope_____.

_____Send transcript to person(s) or institution(s) listed below. Number of transcripts to be sent_____.

If you have requested that we mail your transcript to an individual or organization, other than yourself, please provide us with a complete address. THE REGISTRAR’S OFFICE WILL NOT BE HELD RESPONSIBLE FOR DELAYED OR NON-ARRIVAL OF YOUR TRANSCRIPT IF COMPLETE ADDRESS IS NOT PROVIDED.

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Signature (required):________________________________________ Date:_______________________

When completed please return form to the address listed above for Bangor H.S. or fax it to the number listed above.

FOR OFFICE USE ONLY

Total Number of Transcripts______ Total Charge______ Paid by: Cash_____ Check #_______

Transcript Prepared By:________________________________________ Date Sent or Picked Up:_______________________