

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.

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: _____