



Adult Education^{MAINE}
Learning for Work and Life

**Bangor Adult & Community Education
Transcript Release form**

Name _____

Date of Birth _____

All Previous Last Names _____

Social Security Number _____

I am requesting:

High School Transcript _____

GED Transcript _____

Name of the class you're requesting a grade for: _____

Years of Attendance at Bangor Adult Education: From _____ To _____

Graduation Date _____

Your Mailing Address: _____

City: _____ State _____ Zip _____

Daytime Telephone _____

Student's Signature _____ Date _____

Transcript Mailing Address

Please send my transcript to:

Name/Organization _____

Address _____

City: _____ State _____ Zip _____

Send Transcript Release form to:
Bangor Adult & Community Education
885 Broadway
Bangor, ME 04401
FAX (207)990-3487

If requesting GED transcript, send to:
The Learning Center
121 York St
Bangor, ME 04401
FAX (207)941-6248