

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_____

Grade for a specific class (indicate class)_____

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 Street
Bangor, ME 04401
FAX (207) 941-6248