

# Ellsworth High School Transcript Release Request

Please print, sign and fax or mail request to:

Ellsworth High School Guidance Office  
299 State Street  
Ellsworth, ME 04605  
(207) 667-5027 (fax)  
(207) 667-4722

I, \_\_\_\_\_ formerly known as \_\_\_\_\_  
Name Maiden Name (if applicable)

Date of Birth \_\_\_\_\_ attended EHS from \_\_\_\_\_ to \_\_\_\_\_.

Graduated?  Yes  No Class of \_\_\_\_\_.

I hereby give permission for the release of my records to:

Name / College or University \_\_\_\_\_  
If applying to a college / university, they typically want an official transcript mailed directly to them from the high school.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

or fax a copy to # \_\_\_\_\_ Attn: \_\_\_\_\_

Include on transcript (if available)

- Test Scores
- Official School Seal
- Official Signature

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone #/email \_\_\_\_\_

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## For Office Use Only

Date received: \_\_\_\_\_

Date mailed / faxed \_\_\_\_\_

By \_\_\_\_\_