

REQUEST FOR RECORDS RELEASE

WINSLOW HIGH SCHOOL
20 DANIELSON STREET
ATTN: REGISTRAR
WINSLOW, ME 04901
207-859-2438
EMAIL: jbard@winslowk12.org

First Name: _____	Last Name: _____
Previous Name(s): _____	
SS# _____	DOB _____
Address: _____	
City: _____	State: _____ Zip: _____
Telephone: _____	E-mail: _____
Year of Graduation: _____	

<u>*For Official Copy</u>	
Mail to:	
College/Employer/self _____	
Address: _____	
City: _____	State: _____ Zip: _____
* Only <u>unofficial</u> copy can be mailed to "self"	

I hereby authorize the Registrar of Winslow High School to issue a copy of my: (please check all that apply) to the organization listed above:

Transcript w/SATs ___; Transcript w/o SATs ___; Immunizations ___;
Special Services Records ___

Signature: _____ Date: _____

Transcripts/records fee is \$3.00 -Mail check or cash