

**INCOMPLETE OR UNACCEPTABLE REQUEST WILL BE RETURNED**

**REQUESTS MUST INCLUDE**

**\$3.00 PER TRANSCRIPT (CASH OR MONEY ORDER ONLY)**

Received: \_\_\_\_\_

<b>GRADUATE CLASS OF</b> _____	<b>NON-GRADUATE LAST YEAR ATTENDED</b> _____
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<b>LAST NAME (in school)</b>	<b>FIRST NAME</b>	<b>M.I.</b>
<b>MARRIED/OTHER NAME</b>		

<b>CURRENT ADDRESS</b>	<b>BIRTHDATE</b>
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<b>PHONE NUMBER</b>	<b>Number of Transcripts Needed:</b>
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**MAIL MY TRANSCRIPT (S) TO:**  
(If you need an official transcript, we must send transcript directly to that address, and not to your address.)


**I HEREBY AUTHORIZE RECORDS TO BE RELEASED AS INSTRUCTED ABOVE**

<b>SIGNATURE(REQUIRED)</b>	<b>DATE</b>
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**RETURN YOUR REQUESTS TO:  
OLD ORCHARD BEACH HIGH SCHOOL  
GUIDANCE DEPARTMENT  
40 E. EMERSON CUMMINGS BLVD  
OLD ORCHARD BEACH, MAINE 04064**

Sent: \_\_\_\_\_