

**RECORDS REQUEST**

**PLEASE ALLOW 2 WEEKS FOR PROCESSING**

Name \_\_\_\_\_ Date \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Current phone #: (\_\_\_\_) \_\_\_\_\_

Name (if different) when you attended Brunswick High School  
\_\_\_\_\_ (please print)

Year of graduation \_\_\_\_\_ If you did not graduate, last year attended \_\_\_\_\_

**I am requesting the following records:**

- Transcript \_\_\_\_\_
- SAT/AP scores \_\_\_\_\_
- Health record \_\_\_\_\_
- Other (specify) \_\_\_\_\_

**Send records to:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Requested by:** \_\_\_\_\_  
Signature

**Mail to:** Brunswick High School  
Attn: Counseling Office  
116 Maquoit Rd.  
Brunswick, ME 04011

**FAX:** 207-798-5518