

****BRUNSWICK HIGH SCHOOL****

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
Email: kwight@brunswicksd.org or
kcota@brunswicksd.org