Today's date _____

Edward Little High School
77 Harris Street
Auburn, ME 04210
Phone (207) 333-6660
Fax (207) 784-9243
E-Mail - ebrackett@auburnschl.edu

# ~ALUMNI~

## REQUEST FOR TRANSCRIPT

Request may take 5-10 business days to process. During the summer please allow 8-12 business days.

Your name as it appeared in high school: _____

Name now if different: _____

Date of Birth: _____

Year Graduated: _____

Telephone: _____

Student Signature: _____
(actual signature required)

**OFFICIAL COPY( SCHOOL SEAL)** – mailed directly to college, employer, etc.
**STUDENT COPY** – mailed to you for your use (stamped student copy)

Please forward my transcript to the following addresses or fax to:

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____