

**Greenville Consolidated School
130 Pritham Ave.
Greenville, ME 04441-0100**

In order to process a transcript request please *PRINT* and complete this form. Your request can be mailed to the above address or delivered in person to our office located at 130 Pritham Ave.. Your request may be returned if incomplete.

Student Name: _____

(Also include name used during attendance in school if different than current name, i.e., maiden name)

Date of Birth: _____ / _____ / _____
(Month) (Day) (Year)

Year of Graduation: _____ or Last Year & Grade Attended: _____

Email address: _____ Telephone number: _____

Indicate where the documentation is to be mailed or faxed by providing a mailing address, email address and/or fax number or provide a pre-addressed return envelope.

Mailing address:

Name/Business _____

Attn: _____

Street Address _____

City _____ State _____ Zip _____

Email (scanned) _____ Fax _____

Signature of Student or Parent if under 18

Date

Office Use:

Request received ____/____/____ mailed / faxed / scanned / picked-up ____/____/____