

RECORDS REQUEST

PLEASE ALLOW TWO (2) WEEKS FOR PROCESSING

Date: _____

Name when you attended Mt. Ararat: _____
Please Print

DOB: ____ / ____ / ____ Year of Graduation: _____

Current Phone Number: (____) _____ If you did not graduate - last year attended: _____

I am requesting the following records:

Transcript _____
Health Record _____
SAT/AP Scores _____
Recommendations _____
Other (specify) _____

Send records to: _____

Requested by: _____
Signature

If you are not student – relationship: _____

Mail to: Mt. Ararat High School
Attn: Guidance Dept.
73 Eagles Way
Topsham, ME 04086

OR:

Fax: 207-729-2953