

Please complete all items below to assist in completing your request.

This fillable form can be mailed, faxed or emailed. Incomplete requests will not be processed. It is imperative that you provide a daytime telephone in the event we need to contact you regarding your request.

Fax: (410) 333-8963

Email: karen.gardner@maryland.gov

Please Mail To:

Maryland State Department of Education
Nonpublic School Approval Branch
200 West Baltimore Street, 6th Floor
Baltimore, MD 21201

Attention: Karen J. Gardner

Name (when attending the nonpublic school): _____

Number of Copies Requested: _____

Last

First

MI

Birth Date: _____ Graduation Date: _____

Name of High School Attended: _____

Location of High School Attended (City): _____

Current Name: _____

Last

First

MI

Current Address: _____

Street #

Street Name

City

State

Zip Code

Daytime telephone number complete with area code: _____

Email address: _____

Signature: _____ Date: _____

Complete this portion if your transcript is to be sent to someone other than yourself.

Name of Agency, school, college or employer: _____

Recipient Name: _____

Address: _____

Street #

Street Name

City

State

Zip Code

I hereby authorize the office of Nonpublic School Approval Branch to release my transcript to the recipient above.

Signature: _____

Date: _____