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**Closed Nonpublic School Transcript Request**

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.

**Fax: (410) 333-8963 Email: [karen.gardner@maryland.gov](mailto:karen.gardner@maryland.gov)**

**Mail:**

**Maryland State Department of Education  
Attention: Karen Gardner  
Nonpublic School Approval Branch  
200 West Baltimore Street, 6th Floor  
Baltimore, MD 21201**

Number of copies requested: \_\_\_\_\_

**Student Information**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Name when attending closed nonpublic school:  
\_\_\_\_\_

Birth date: \_\_\_\_\_ Email address:  
\_\_\_\_\_

Street address: \_\_\_\_\_

Phone number (include area code): \_\_\_\_\_ Graduation date: \_\_\_\_\_

**School Information**

Name of nonpublic school attended : \_\_\_\_\_

Location of school (city): \_\_\_\_\_

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: \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_