Lewiston | Adult Education

156 East Ave, Lewiston, ME 04240

REQUEST FOR RECORDS:

Name: _____ _____
Last First Initial (Maiden)

Address: _____(____)_____-_____
No. & Street City Zip Code Telephone Number

RECORDS NEEDED:

Date of Birth: _____/_____/_____

Last 4 digits of Social Security #: _____

Transcript: **Date Graduated:** _____/_____/_____

Or

Date Last Attended: ____/_____/_____

Grades:	**Subject:**	**Semester / Year**
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

G.E.D. SCORES:

Date of Testing: _____/_____/_____

I the undersigned, do hereby authorize Lewiston Adult Education to release any/all information necessary for educational and/or employment placement. In consideration of the above referral, I hereby agree to waiver and release said program and Director from any liability of any nature whatsoever resulting from acceptance or refusal of said educational or employment placement.

Name: _____
(Type or Print)

Date: _____/_____/_____

Signature: _____

Where should records be sent: >>>>>>>> _____

_____

_____

_____

LEWISTON SCHOOL DEPARTMENT ***Policy on Non-Discrimination***

It is the policy of the Lewiston School Department to ensure equal employment/education opportunities /affirmative action regardless of race, sex, color, national origin, marital status, religion, age or handicap in accordance with all federal and state legislation. Inquiries and/or grievances can be made to the Affirmative Action/Title IX/504 Coordinator. 36 Oak Street, Dingley Building, Lewiston, Maine 04240. Telephone (207) 795-4100 or to the U.S. Department of Education, Office of Civil Rights, John W. McCormack, Port Office and Courthouse Building, Post Office Square, Boston, MA 02109. Telephone (617) 223-9667.