

Shead High School  
89 High Street  
Eastport, ME 04631  
207-853-6254  
207-853-2919 (f)

**Bobbie Mitchell**  
Assistant Principal

**Paul Theriault**  
Principal

**Leah McLean**  
Guidance Counselor

## RECORDS RELEASE

I, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(surname/maiden name) (DOB) (year of graduation)  
authorize you to release my \_\_\_\_\_ record from  
(type of record/transcript, birth certificate, medical)

Shead High School, Eastport, Maine for use in the admission or employment use. Please send records to:

\_\_\_\_\_  
(Institution/Organization Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Parental Signature if student is under 18 years old)

\_\_\_\_\_  
(Contact information/Address and Phone number)

**Returned completed, signed form either via email to:**

[lmclean@shead.org](mailto:lmclean@shead.org)

or

faxed to :Shead High School  
(207)853-2919