

**Boyertown Area Senior High School**

School Counseling Office

120 N. Monroe Street

Boyertown, PA 19512

Phone: 610-473-3690

Fax: 610-473-3709

Email: [transcripts@boyertownasd.org](mailto:transcripts@boyertownasd.org)

**ALUMNI TRANSCRIPT RELEASE FORM**

Name (at the time of graduation): \_\_\_\_\_  
First Middle Last

Year of Graduation: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Current Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Type of Transcript:** \_\_\_\_\_ Official (w/ Boyertown Raised Seal) \_\_\_\_\_ Unofficial

Will Pick Up \_\_\_\_\_

**OR**

Mail To: \_\_\_\_\_

Name of College/University or Employer

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

**OR**

Email To: \_\_\_\_\_

*Please make sure college or employer will accept an emailed transcript.  
This type of transcript will not have a raised school seal.*

I authorize the Boyertown Area School District to release my academic transcript as specified above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Alum's Signature (please note we cannot accept digital signatures)

**\*\* please allow 5 – 10 days for processing**