

Boyertown Area Senior High School

School Counseling Office

120 N. Monroe Street

Boyertown, PA 19512

Phone: 610-473-3690

Fax: 610-473-3709

Email: khiryak@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)