

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

CURRENT STUDENT TRANSCRIPT RELEASE FORM

Name (First, Middle, Last): _____

Anticipated Year of Graduation: _____ Current Phone: _____

Email Address: _____

Type of Transcript: _____ Official (Sealed) _____ Unofficial

Will Pick Up *(in Counseling Office)* _____

OR

Mail To *(please provide stamped envelope)*:

Name of College/University or Employer

Street Address

City

State

Zip

OR

Email To: _____

Please make sure the 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

Student Signature

**Please note digital signatures will not be accepted.*

Parent/Guardian Signature if Student is under the age of 18

**Please note digital signatures will not be accepted.*

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