

# WESTTOWN SCHOOL

## TRANSCRIPT REQUEST FORM (Alumni)

Full Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Current Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Class of \_\_\_\_\_ or Attended Westtown during the following years \_\_\_\_\_

Purpose for request ( ) job employment – \*official copy ( ) college – \*official copy  
( ) self – unofficial copy

*\*An official copy of a transcript is signed and has the school seal on it. An official copy of the transcript will not be released to a former student or family member.*

Please also include the following information with my transcript:

( ) SAT Score Report ( ) ACT Score Report ( ) AP Score Report ( ) TOEFL Report

( ) Descriptive statement written by my college counselor during my senior year.

Please send a copy of my transcript plus any additional information requested above to the following addresses(es):  
Attach a separate page for additional addresses.

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Deadline: \_\_\_\_\_ Deadline: \_\_\_\_\_

I, \_\_\_\_\_ authorize release of my transcript and additional  
Signature information as requested above.

*No e-mail requests will be accepted. A signed copy of this form must be faxed, mailed or brought in person to:*

Attn: Kathy Beatty  
Westtown School  
975 Westtown Road  
West Chester, PA 19382-5700  
Phone: 610-399-7935  
Fax: 610-399-7799