

WESTTOWN SCHOOL
Transcript Request Form for Alumni

Full name: _____
Last name First Name Middle Name

Current address: _____

Phone number: _____

Email address: _____

Class of _____ or attended Westtown during the following years: _____

Purpose for request: _____ employment (official copy*)
_____ college or graduate school (official copy*)
_____ self (unofficial copy)

**An official transcript is signed and stamped with the school seal. It is sent directly to employers, colleges, or graduate schools. An official transcript will not be released to a former student or family member.*

Please send my transcript to the following address(es). Attach a separate page for additional addresses.

Name: _____ Address: _____ _____ _____ Deadline: _____	Name: _____ Address: _____ _____ _____ Deadline: _____
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I, _____, authorize release of my transcript as requested above.
Signature

Email requests will not be accepted. Please complete, sign, and bring in person or mail this form to:
Upper School Office/ Transcript Request
Westtown School
975 Westtown Road
West Chester, PA
19382