

Transcript Request Form

Full Name: _____
First Name Middle Name Last 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: _____ Deadline: _____

Address: _____

Name: _____ Deadline: _____

Address: _____

I, _____, authorize release of my transcript as requested above.
Signature

Email requests will not be accepted. Please complete, sign, and mail this form or bring in person to:

Registrar/ Transcript Request
Upper School Office
Westtown School
975 Westtown Road
West Chester, PA 19382
Phone: 610-399-7700



WESTTOWN
SCHOOL