

Exeter Township Senior High School School



Counseling Office
201 East 37th Street
Reading, PA 19606
Phone: 610-779-3060
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Email completed form to: transcripts@exetersd.org

ALUMNI TRANSCRIPT RELEASE FORM

Name (at the time of graduation): _____
First Middle Last

Year of Graduation: _____ Birthdate: _____ Current Phone: _____

Home Address: _____ Email: _____

Type of Transcript: _____ Official (*Sealed Envelope & Exeter 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 Exeter Township School District to release my academic transcript as specified above.

Please complete this form, print, sign and return by email to transcripts@exetersd.org

Date

Signature (*this must be signed in ink. A typed signature will not be accepted.*)