



**POTTSTOWN
SCHOOL DISTRICT**

POTTSTOWN HIGH SCHOOL • 750 N. Washington Street • Pottstown PA 19464 • (610)970-6700 • FAX(610)970-1363

Building a Better Tomorrow

www.pottstownschoools.com

Student Name: _____ **Date of Request** _____

Graduation Year: _____

Student Signature: _____

Parent Signature (under the age of 18): _____

Phone Number _____

For an unofficial transcript to be issued to you, please list your homeroom _____

SAT/ACT scores are not on the official transcript and must be sent directly from the testing service. To send scores online please go to collegeboard.com for SAT tests and act.org for ACT tests.

Transcript Request: College _____ **Scholarship** _____ **NCAA** _____
Coach _____ (unofficial copy only)

Application Type: (Check One)

1. Online Application ____ **Paper Application** ____ **Common Application** ____

2. Early Decision ____ **Early Action** ____ **Regular Admission** ____ **Rolling Admission** ____

3. Counselor Recommendation: Yes____ **No**____ (If yes, include Personal Data Sheet)

4. With SAT scores: Yes _____ **No** _____

College/Scholarship to receive transcript:

Address transcript to be sent:

Application Deadline Date: _____

*** Allow two weeks for application to be processed.**

*** Transcripts are official when they are sent directly to another institution and bear the school seal and signatures.**

*** Transcript form must be submitted with each individual request.**