



“Effort Creates Intelligence”

335 Manor Avenue
Downingtown, PA 19335
www.dasd.org
Phone: 610-269-2420
Fax: 484-694-5590

Alumni Transcript Request/Release Form

Name of Student: _____ Phone No: _____
(Maiden Name)

Current Address: _____

Email Address for Confirmation: _____

Year Graduated _____ OR Year Withdrew _____

Authorization Statement & Signature:

I authorize the Downingtown Area School District to release my transcript/records to the following:

Name of School/College/Employer: _____ Address: _____ Deadline: _____ _____ _____	<i>For Office Use</i> Date Submitted:
Name of School/College/Employer: _____ Address: _____ Deadline: _____ _____ _____	<i>For Office Use</i> Date Submitted:
Name of School/College/Employer: _____ Address: _____ Deadline: _____ _____ _____	<i>For Office Use</i> Date Submitted:
Name of School/College/Employer: _____ Address: _____ Deadline: _____ _____ _____	<i>For Office Use</i> Date Submitted:

Signature

Date