

EAST STROUDSBURG AREA SCHOOL DISTRICT
EAST STROUDSBURG, PENNSYLVANIA 18301

Transcript Release for : 2026-27 School Year

I give permission for the East Stroudsburg Area School District to mail an official transcript of the school records of _____
(Student's name-printed)

to any post-secondary institution, branch of the Armed Services, scholarship committee, or potential employer.

I approve forwarding all of the following parts of the school record:

- ____ Official administrative record (name, address, birthdate, grade completed, grades, class standing and attendance record)
- ____ Standardized achievement/aptitude test scores, including PSSA and/or Keystone exam scores
- ____ Teacher and counselor subjective comments
- ____ Record of extracurricular activities

If my child chooses, I also approve of him/her completing & submitting an internet-based, post-secondary school application on school computers through utilizing his/her ESASD student internet account.

Because an official transcript is a legal document, once an official transcript has been sent on your behalf, changes cannot be made to your schedule.

Signature: Parent or 18-year old adult

Date

GUIDANCE OFFICE:

Date mailed: _____

Signature: _____