



**Northampton Area School District**  
**High School Counseling Office**  
 1619 Laubach Avenue  
 Northampton, PA 18067  
 Phone 610-262-7813 · Fax 610-262-6595

**GRADUATE/FORMER STUDENT TRANSCRIPT RELEASE FORM**

**AUTHORIZATION TO RELEASE TRANSCRIPT**

**This authorization form is for the release of transcript(s) containing test results, subjects, grades, ability ratings, activities, etc.**

**NAME** \_\_\_\_\_  
 (Last or Maiden) **PLEASE PRINT** (First)

\_\_\_\_\_ (Married Last Name) \_\_\_\_\_ (Date of Birth)

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Phone Number)

**PLEASE CHECK APPROPRIATE BOX BELOW**

**OFFICIAL**     **UNOFFICIAL\*\* (self)**    **YEAR OF GRADUATION** \_\_\_\_\_

**\*Official transcripts have the "raised" school seal and are mailed directly to your employer or college.**  
**\*\*Unofficial transcripts do not have the "raised" seal; this is for personal use only.**

**NAME AND ADDRESS OF COLLEGE/UNIVERSITY/AGENCY (Official\*), OR HOME (Unofficial\*\*)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(OFFICE USE ONLY) DATE RECEIVED _____ DATE TRANSCRIPT MAILED _____ INITIALS _____
--