



Request for Transcript or Immunization Record (Not for current high school students.)

Please complete this form and sign it. You may mail this form to the address at the bottom of this page, fax it to 518-478-0783 or email it to sbardin@bethlehemschools.org. There is a 3-5 day turnaround time to process your request.

1. Name (please print legibly) _____

2. Name while at BCCHS (if different from above) _____

3. Date of Birth _____

4. Graduation Year _____ Year(s) of attendance _____

5. Please indicate (✓) what you are requesting:

_____ transcript...if more than one copy, how many? _____

_____ immunization record...if more than one copy, how many? _____

6. What is your current address?

7. What is your current telephone number? _____

8. Where does your record need to go? Provide the complete address.

Your Signature

Date

Mail completed form to:

Bethlehem Central High School
Counseling Center
700 Delaware Avenue
Delmar, New York 12054

Office Use Only

Date picked up _____

Date sent _____