

## 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 [clee1@bethlehemschools.org](mailto:clee1@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? \_\_\_\_\_

\_\_\_\_\_report cards and other records, please specify what records? \_\_\_\_\_

6. What is your current address?

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

7. What is your current telephone number? \_\_\_\_\_

8. NAME & COMPLETE ADDRESS of where your records need to go:

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

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