

## **Request for Transcript or Immunization Record**

**(Not for current BCHS students)**

Please send this completed form by email to [clee1@bethlehemschools.org](mailto:clee1@bethlehemschools.org), by fax to 518-478-0783, or by mail to: Bethlehem Central High School, Counseling Center, 700 Delaware Ave, Delmar, NY 12054. Please allow a 3-5 day turnaround time to process your request.

1. Name: \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_
3. Name while at BCHS: \_\_\_\_\_
4. Graduation Year: \_\_\_\_\_ Years of Attendance: \_\_\_\_\_
5. School Attended before BCHS: \_\_\_\_\_
6. Home Address while attending BCHS: \_\_\_\_\_
7. Current Mailing Address: \_\_\_\_\_
8. Email Address: \_\_\_\_\_
9. Phone Number: \_\_\_\_\_
10. Please indicate what records you are requesting:  
 Official Transcript      How many? \_\_\_\_\_  
 Unofficial Transcript      How many? \_\_\_\_\_  
 Immunization Record      How many? \_\_\_\_\_  
 Report Cards and/or other records.  
Please specify what records: \_\_\_\_\_

11. Point of Contact and the mailing or email address of where your records should be sent:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Signature

Date

**Office Use Only**

Date picked up: \_\_\_\_\_  
Date sent: \_\_\_\_\_