



Request for Transcript or Immunization Record

(Not for current BCHS students)

Please send this completed form by email to 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: _____