



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

Please complete this form and sign it. Mail form with payment to the address at the bottom of this page. There is a 3-5 day turnaround time to process your request. There is a \$2.00 fee per each item requested. We accept check or Money Order made payable to **BCSD**. Please enclose payment. (**No credit cards.**)

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 payment and completed form to:

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

**Office Use Only**

Date picked up \_\_\_\_\_

Date sent \_\_\_\_\_