



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 cash, or check 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 sent _____