

BETHLEHEM AREA SCHOOL DISTRICT
Bethlehem, Pennsylvania

TRANSCRIPT REQUEST # _____

OFFICE OF CHILD ACCOUNTING
(610) 861-0500

TRANSCRIPT REQUEST FOR:

_____ Date

Print Last Name First Middle Maiden Birthdate _____
Current Mo Day Year

Address _____
St. No. Street City State Zip Phone No.

Year of Graduation _____ Withdrawal _____
Last Bethlehem Graduated or attended VO-TECH 1965 or prior: Yes No
School Attended _____ If you graduated from other than regular day school please indicate:
 GED Adult Night School

MAIL TRANSCRIPT TO: (PRINT COMPLETE ADDRESS)

NO. OF TRANSCRIPTS REQUESTED <input type="checkbox"/> <input type="checkbox"/> Unofficial <input type="checkbox"/> Official	_____

I hereby request and authorize the release of the following records to the individual, institution, or agency listed:
Check appropriate block(s)
 Academic Transcript (SAT - ACT)
 Other _____
X _____

Student's Signature

A \$3.00 FEE IS REQUIRED FOR EACH TRANSCRIPT. REMIT PAYMENT WITH THIS REQUEST.

FOR CHILD ACCOUNTING USE
DATE TRANSCRIPT SENT _____

FOR BUSINESS OFFICE USE
PAYMENT RECEIPT NO. _____

RETAIN YELLOW COPY FOR YOUR RECORD
ALL INQUIRIES CONCERNING THIS TRANSCRIPT MUST CONTAIN THE TRANSCRIPT REQUEST NUMBER.