



BETHEL CHRISTIAN ACADEMY

Enlightening the mind, edifying the heart

Transcript/Records Request Form

PLEASE SUBMIT REQUEST TWO WEEKS PRIOR TO DEADLINE

Please send requests to tjones@bethelfwb.com

Student Name: _____

DOB: _____ Dates of Attendance: _____

Under the Privacy of Information laws, a parent or guardian of a student who is not yet 18 years of age must give written permission for release of information, including transcripts and/or report cards. A student who is at least 18 years of age must give written consent for his academic records to be released to another person or institution.

SIGNATURE OF STUDENT IF 18 OR OLDER _____

(By signing, I certify that I am the above student requesting my transcript or academic records.)

SIGNATURE OF PARENT OR GUARDIAN _____

(By signing, I certify that I am a parent or legal guardian of the above student.)

Please send my transcripts and/or records to:

Name of School/College/Organization: _____

Contact Person/Email Address: _____

Address: _____

FOR OFFICE USE ONLY:

Date Received: _____ Verified By Admin Office: _____

Date Sent: _____ By: _____

Notes: _____