

Bethel Public Schools

516 176th Street East
Spanaway WA, 98387-8399

Phone: (253)683-6942 Fax: (253)683-6995

STUDENT_RECORDS@BETHELSD.ORG

Type of Record: Please allow up to 5 business days to process

- Transcript (grades 9-12)
- Academic History (grades 7-12)

Today's Date: _____

- Immunizations (upon availability)
- Other: _____

Student Information:

Last Name: _____

Date of Birth: _____

First Name: _____

Middle: _____

Other/Maiden Name: _____

Current Phone: _____

School:

Last School attended: _____

Last year attended: _____

Class of: _____

Did you graduate: Yes No

Please mail record(s)

I will pick up record(s)

To: _____
Attention: _____
Street/POB: _____
City/St/Zip: _____
Fax: _____
Transcript: <input type="radio"/> Official <input type="radio"/> Unofficial

To: _____
Attention: _____
Street/POB: _____
City/St/Zip: _____
Fax: _____
Transcript: <input type="radio"/> Official <input type="radio"/> Unofficial

I authorize the release of my records to the institution(s) and the authorized representative as indicated above.

Signature: _____

Relationship to student: Self Guardian

Note: Students over the age of 18 must sign for records.

Special instructions or comments:

For office use only:	
Date RCVD:	
Fines:	
Mail:	
Fax:	
Compl by:	