

# Bethel Public Schools

516 176th Street East  
Spanaway, WA 98387-8399

# Records Request

Phone: (253) 683-6733 Fax: (253) 683-6995  
student\_records@bethelsd.org

Please allow up to 5 business days to process transcript, academic history or immunization records.  
Other records may take up to 45 days to process.

Today's Date \_\_\_\_\_

### Type of Record:

1. Complete form
2. Print
3. Sign

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

- Immunization (upon availability)
- \_\_\_\_\_

### Student Information:

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Other/Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### School Information:

Last School Attended: \_\_\_\_\_ Class of: \_\_\_\_\_

Last year attended: \_\_\_\_\_ Did you graduate? \_\_\_\_\_

- Mail record(s)       Fax record(s)       I will pick up record(s)

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

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

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

Print Name: \_\_\_\_\_ Relationship to student:  Self     Guardian

Signature: \_\_\_\_\_ Print form and sign. Note: Students over the age of 18 must sign for records. Date: \_\_\_\_\_

Special instructions or comments:

For office use only:	
Date RCVD	
Fines:	
Date Mailed:	
Date Faxed:	
Ready for Pick Up:	
Completed by:	