



# Bethel Christian School

3100 West Avenue K  
Lancaster, CA 93536-5403  
Phone (661) 943-2224

www.bethelchristian.net  
office@bethelchristian.net  
Fax (661) 943-6574

## Transcript Request Form

Guidance Office  
(661) 943-2224 x5041  
cgonda@bethelchristian.net

- Please complete ALL information on the transcript request form.
- **There is a \$3 fee per transcript ordered.**
- Submit one request for each transcript requested. **Requestor is responsible for the correct address.**
- Allow 7-10 days for processing.
- Requests being held for current semester grades will be mailed approximately one month after the end of the semester.
- Student records are confidential. Transcripts will be issued only at the *written* request of the student or parent if the student is under 18.
- Transcripts will not be issued until all outstanding debts with the school are settled.

Name While Attending Bethel: \_\_\_\_\_

Current Name (if different): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parents Names: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Day phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Year last attended: \_\_\_\_\_ Grade last attended: \_\_\_\_\_

Are you a graduate of Bethel Christian School? Y N

I wish to order an:  Official Transcript (This document may only be opened by the organization it is intended for. Official transcripts will no longer be identified as official if they are copied.)

Unofficial Transcript

Send To: \_\_\_\_\_  Send immediately

\_\_\_\_\_  To be picked up

\_\_\_\_\_  Hold for semester grades

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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(Office Use Only)	Cash Receipt # _____	Business Office Clearance _____	Date Sent/Called _____
Received By _____	Check # _____	Guidance Office _____	_____