

High School Transcript Release Form

Bethel High School
7490 South State Route 201
Tipp City OH 45371

Bethel CEEB Code: 364-990

Student Name: _____
Name at Graduation: _____
Application Deadline: _____
Is this the postmark deadline? Yes No

Today's Date: _____
Graduation Year (if applicable) _____
Date you applied on-line _____

Please send transcript to: (Full name & address of institution)

Name of College/University/Institution/Scholarship organization/employer

Street Address

City State Zip

College Application Checklist:

_____ Please send transcript and profile to this university. I am aware that my transcript contains personal data information, including my SOCIAL SECURITY NUMBER.

_____ Application fee is waived when applying on-line OR fee paid by credit card on-line
OR
_____ My application fee is attached.

_____ WAIT!...Letters of recommendation are being forwarded to the Bethel Counseling office to be sent with the transcript (see below).

Letters of recommendation have been requested from (if applicable):

Name: _____ Date of request _____

Name: _____ Date of request _____

_____ Please hold for additional documents as listed below:

REQUIRED: Student Signature

Counseling office use: Date Sent: _____