

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

Bethel CEEB Code: 364-990

College Transcript Request Form

Today's Date: _____ Application Deadline: _____
Is this the postmark deadline? Yes No

Name: _____ Date On-Line App Submitted: _____

I have applied on-line to: (Full name & address of institution)

Name of Director of Admissions

OFFICE OF ADMISSIONS
Office/Department

Name of College/University/Institution

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.

_____ A secondary School Report Form from the *College Viewbook* or printed from the college/university website, is attached.

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

_____ An envelope addressed to the college/university, including postage, is attached.

_____ Please hold! 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:

Student Signature

Counseling office: Date Sent: _____