



**Valley Stream  
Christian Academy**  
A Ministry of Bethlehem Assembly of God

**For office use:**  
Date request received:

\_\_\_\_\_  
Date issued:  
\_\_\_\_\_

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**Transcript Request Form for Alumni/Former Students**

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

Student's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Student Signature: (18 or older)\* \_\_\_\_\_

Parent/Guardian Signature: (if needed) \_\_\_\_\_

Type of Transcript Requested (please check): Official \_\_\_\_\_ Unofficial \_\_\_\_\_

Send Via:

Mail (provide address below)

Fax Number: \_\_\_\_\_

Scan Email address: \_\_\_\_\_

Name and address of institution:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Instructions: \_\_\_\_\_

\*Please allow 7-10 business days to process all requests

\*The law does not allow for parents of students who are older than 18, including alumni students who are currently out of state, to request transcripts on behalf of their children. However, someone other than you may pick up your transcript provided you give the individual written authorization. Students under the age of 18 must have parent or guardian signature on transcript requests