



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

For office use:

Date request received:

Date issued to student:

Transcript Request Form for Alumni/Former Students

Date: _____

Student's Name: _____

Phone: _____

Grade: _____

Date of Graduation: _____

Student Signature: (18 or older)* _____

Parent/Guardian Signature: (if needed) _____

Type of Transcript Requested: 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