

Transcript Requests

The Pupil Services Office processes transcript requests for all students who have graduated from Bristol Township School District.

Ordering Transcripts

1. Pick up or *print Transcript Request forms*

Transcript request forms can be obtained from the Administration Building at 6401 Mill Creek Road, Levittown, PA 19057 or printed from this web page.

2. Return the completed form to

- The Administration Building receptionist desk
- or by fax to Pupil Services 267-599-2090
- or by mail to: Bristol Township School District
Attn: Pupil Services
6401 Mill Creek Road
Levittown, PA 19057

3. If you are unable to print this form write a letter with the following information:

- Name at the time of graduation
- Date of Birth
- Year of graduation or last year attended
- Name and address where transcripts are to be mailed
- Daytime phone number
- Signature
- Return to any of the options in #2

Please allow 3 to 5 business days for transcript requests to be processed from our office.

Bristol Township School District
Pupil Services Office
6401 Mill Creek Road
Levittown, PA 19057

Phone: 215-943-3200 x 2018



Bristol Township School District Permission to Release School Records Information

Name of Student (Maiden) PRINT

Date of Birth

Social Security Number

Street Address, City, State, Zip

Home Phone

Business Phone

High School Attended

Last Year Attended

Year of Graduation

Have you requested a transcript within the last two year? _____
Yes No

The School District of Bristol Township is hereby requested and directed to forward to those persons and/or agencies listed, the following records:

- _____ Official Transcript (name, address, DOB, grade levels completed, grades, credits, class standing attendance record)
- _____ Standardized Achievement Test Scores
- _____ Intelligence and Aptitude Test Scores
- _____ Teacher, Counselor, and Principal Observations and Ratings
- _____ Other

- _____ Health Information
- _____ Family Information
- _____ Specialized Medical Reports
- _____ Reports of Psychological Evaluations
- _____ Record of extracurricular activities
- _____ Special Education Records

PURPOSE OF RECORDS

Send Records/Transcripts to:

I authorize my Records/Transcripts to be faxed to:

PLEASE RETURN THIS FORM TO:

BRISTOL TOWNSHIP SCHOOL DISTRICT
PUPIL SERVICES OFFICE
6401 MILL CREEK ROAD
LEVITTOWN, PA 19057-4014

OR

FAX TO: 267-599-2090

SIGNATURE

DATE