



TRANSCRIPT REQUEST FORM

There is a processing fee in the amount of \$10.00 for each official transcript. Transcripts will be sent via postal mail. Please complete and return this form with a money order made payable to **Rockland BOCES** or with credit card (MasterCard or VISA). Complete one form per transcript request. Personal checks are not accepted.

Check one: Official Transcript Unofficial Transcript (free)

Credit Card No.: _____ Exp Date _____

Name on credit card: _____

Please print below:

Name: _____ Maiden Name: _____

Current Mailing Address: _____ Phone Number: _____

E-mail Address: _____

Name of Program Attended at Rockland BOCES: Full-Time PN Part-Time PN

Date Enrolled: _____ Date Completed: _____ Date of Birth: _____

I request that an official transcript be sent to the following address (we do not email transcripts):

Recipient's Name: _____

Institution: _____

Address: _____

City, State, Zip: _____

I hereby authorize Rockland BOCES to release a copy of my transcript/proof of completion.

Signature: _____ Date: _____
(NO ELECTRONIC SIGNATURE, MUST MANUALLY SIGN)

Send Transcript Request Form with payment to: Fax (845) 623-3412 OR E-Mail jtracey@rboces.org
Attn: J. Tracey
Rockland County BOCES - CTEC
65 Parrott Road, Bldg 3
West Nyack, NY 10994-0607