

TRANSCRIPT REQUEST

(Note: Requests for transcripts related to the Adult Practical Nursing, Nurse Assistant or other adult health careers programs must be accompanied by a payment of \$5 in cash or money order: no personal checks accepted.)

Name: _____

Date of birth: _____ Other names used: _____

Current address: _____

Street

Apt.

City

State

Zip

Telephone: _____ E-Mail: _____

Year of Graduation: _____ Program completed: _____

PLEASE FORWARD AN OFFICIAL TRANSCRIPT TO:

Name of college/school/business: _____

Attention: _____

Address: _____

Signature: _____ Date: _____

Please return payment and Transcript Request form to:

Kathy Grey/Bursar
Health Careers
1015 Watervliet-Shaker Rd.
Albany, NY 12205

Receipt # _____

Office Use

Official Coy sent:

Unofficial copy sent to student (upon request only):

If you need the assistance of an interpreter, need material translated into any language other than English, please call Ottavio Lo Piccolo at (518) 862-4703 and leave a voice message. Thank you.
Si usted necesita asistencia de un interprete, o necesita traduccion en espanol, y otros idiomas, por favor llame a Ottavio Lo Piccolo a este tel. (518) 862-4703, y deje un mensaje de voz. Gracias

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