



TRANSCRIPT REQUEST

Requests for official or unofficial transcripts related to the Adult Practical Nursing must be accompanied by a payment of \$5 in cash, certified bank check or money order for each transcript (**no personal checks accepted**). If paying by credit card, 3% will be added to the total amount. (**Payment must be made to Capital Region BOCES**). Transcripts will be sent out 7-10 business days after request is received.

Name: _____

Date of birth: _____ Other names used: _____

Current address: _____

Street

Apt.

City

State

Zip

Telephone: _____ E-Mail: _____

Year of Graduation: _____ Program completed: FT ☐ PT ☐

Year of Withdrawal: _____

Signature: _____ Date: _____

PLEASE FORWARD AN OFFICIAL TRANSCRIPT TO:

Name of college/school/business: _____

Attention: _____

Address: _____

Please return payment and Transcript Request form to:

**Bursar-Health Careers
Capital Region BOCES
925 Watervliet-Shaker Road
Albany, NY 12205**

Receipt # _____

Office Use

Date official copy sent: _____

Date unofficial copy sent: _____

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