



TRANSCRIPT REQUEST

Requests for transcripts related to the Adult Practical Nursing Program must be accompanied by a payment of \$15 per transcript. Payments made payable to Capital Region BOCES may be made by phone (518-862-4709), mail, or in person (no personal checks accepted).

Name: _____

Date of birth: _____ Other names used: _____

City _____ **State** _____ **Zip** _____

Telephone: _____ E-Mail: _____

Year of Graduation: **Program: FT** PT

OR

Year of Withdrawal: _____ Program: FT PT

PLEASE FORWARD AN OFFICIAL TRANSCRIPT TO:

Name of college/school/business: _____

Attention: *Do not use the following list to identify your child's condition. It is not a complete list of symptoms. If you suspect your child has a medical condition, contact your physician.*

Address:

Signature: _____ Date: _____

Please return payment and Transcript Request form to:

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

Receipt #

Office Use

Official Copy 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 refer to the BOCES website: www.capitalregionboces.org.

The Capital Region BOCES does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs, activities, employment, and admissions; and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the non-discrimination policies: Nicole Yamin, compliance officer/coordinator, at Nicole.Yamin@neric.org, (518) 862-4910 or 900 Watervliet-Shaker Road, Albany, NY 12205. Inquiries concerning the application of the Capital Region BOCES non-discrimination policies may also be referred to the U.S. Department of Education, Office for Civil Rights (OCR), 32 Old Slip, 26th Floor, New York, NY 10005, telephone (646) 428-3800 (voice) or (800) 877-8339 (TTY).