

# TRANSCRIPT REQUEST FORM



Student Name \_\_\_\_\_

Former Name (if applicable) \_\_\_\_\_

Current Address \_\_\_\_\_ Date \_\_\_\_\_

Dates of Attendance From \_\_\_\_\_ To \_\_\_\_\_

## REQUIRED TRANSCRIPT INFORMATION

Indicate Level of Study  Adult Ed/Continuing Ed  Vocational Ed  Academic

Site Attended  Medina BOCES  Sanborn BOCES

## SPECIAL INSTRUCTIONS

### TYPE OF TRANSCRIPT

Student copy for my own use  Official copy in sealed envelope sent to me at the above address

Official copy sent to address below (Official transcripts will be sent directly to an institution or place of business not to you. Check Official Copy in Sealed Envelope option if transcript needs to be sent to you.)

Issued to the Name/address below (Please provide complete name and address of final destination of transcript - not your name.) **Transcript cannot be opened by student**

## SEND TRANSCRIPT TO

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I authorize the release of my academic transcript. (**Transcript cannot be released without your signature**)

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Mail or fax all Medina vocational transcript requests to:</b>	Student Records Orleans Niagara BOCES 4232 Shelby Basin Rd. Medina, NY 14103 FAX - 585-798-4074	or	<b>Mail or fax all Sanborn Adult Ed or Vocational transcript requests to:</b>	Student Records Orleans Niagara BOCES 3181 Saunders Settlement Rd. Sanborn, NY 14132 FAX - 716-731-5931
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**PLEASE ALLOW UP TO 10 BUSINESS DAYS TO RECEIVE YOUR TRANSCRIPT.**