



TRANSCRIPT REQUEST FORM

Student Name: _____

Other Names or Aliases: _____

Dates of Attendance: From: _____

(Please be as specific as possible)

To: _____

Current Address: _____

Phone # (including area code): _____

City, State, Zip: _____

eMail address: _____

REQUIRED TRANSCRIPT INFORMATION:

Indicate Level of Study:

Site Attended:

Program of Study:

Adult Ed/Continuing Ed

Orleans CTE Center (Medina)

Career & Technical Ed/Vocational

Niagara CTE Center (Sanborn)

Academic

Other (Please Specify): _____

TYPE OF TRANSCRIPT REQUESTED:

Student copy for personal use

Official copy in sealed envelope sent to me at the address above (Transcripts will be mailed to the student named above but cannot be opened by the student)

Official copy to be sent to the address below (Transcripts will be sent directly to an institution or place of business as specified below)

Send Official Transcript To:

Name: _____

Business/Organization: _____

Address: _____

City, State, Zip: _____

For the Orleans Center, please mail or fax your request to:
Student Records
Orleans/Niagara BOCES
4232 Shelby Basin Road
Medina NY 14103
Fax #: 585-798-4074

For the Niagara Center (this includes Adult & Continuing Ed), please mail or fax your request to:
Student Records
Orleans/Niagara BOCES
3181 Saunders Settlement Road
Sanborn NY 14132
Fax #: 716-731-5931

PLEASE ALLOW (UP TO)
10 BUSINESS DAYS FOR YOUR
TRANSCRIPT TO ARRIVE.

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

Student Signature: _____

Date: _____