

**Nassau BOCES DEPARTMENT OF CAREER & TECHNICAL EDUCATION
TRANSCRIPT / RECORDS ORDER FORM**

* = required information (print clearly)

* Program Name: _____ * Program Location: _____

* Enrollment Date: _____ * Graduation/Withdrawal Date: _____

* Last Name * First Name Middle Name

Previously Known Name at Time of Attendance: _____

* Telephone Number(s) where you can be reached:

Home
- -

Cell or Business
- -

* Social Security Number: _____ - _____ - _____ * Date of Birth: _____

Email Address: _____

Current Address:

Address for unofficial copy of transcript if not to your current address:

Transcript/Record/Document:

There is a \$10 fee for each copy requested. Enter number of copies of each type and total the cost to the right.

Please note: OFFICIAL(stamped) copies will only be sent to employers, agencies, or other approved sites at address(s) listed below. All requests must be made by the student and will not be accepted directly from employers, agencies or schools.

Unofficial Student Copies X \$10 = # OFFICIAL Copies X \$10 = Sub-Total:

Please List Mailing Addresses for OFFICIAL copies:

1.

2.

Other Records/Documents:
(Use back of this sheet if necessary)

of X \$10 Sub-Total:

* Total Payment Enclosed \$

Payment may only be made by **Bank Check or Money Order** payable to Nassau BOCES - Sorry no cash, personal checks or credit cards will be accepted. **Mail this form and payment to Nassau BOCES, Attention: Records, 1196 Prospect Ave., Westbury, NY 11590.** Incomplete or incorrect requests will not be processed. Allow 2-3 weeks for processing after we receive your request. You may download additional copies of this form at: www.adultednassau.org.

*SIGNATURE: _____ *Date: _____

INSTRUCTIONS
Nassau BOCES DEPARTMENT OF CAREER & TECHNICAL EDUCATION
TRANSCRIPT / RECORDS ORDER FORM

*Do not mail this instruction page with your order:
All asterisked '*' fields are mandatory*

Program Name (mandatory) - enter the name of the program, certificate program or licensing program you were enrolled in. Examples: Practical Nursing, Cosmetology, Aviation, etc.

Program Location (Mandatory) - enter the location where you took the course, e.g. Carle Place or Westbury or other location.

Enrollment Date (Mandatory) – date you enrolled in the program to the best of your knowledge.

Graduation/Withdrawal Date (Mandatory) – date you graduated or withdrew to the best of your knowledge.

Name: Enter your Last Name (Mandatory), First Name (Mandatory), Middle Name (if used).

Previously Known Name at Time of Attendance: (i.e. your maiden name if applicable when registered in program)

Telephone Numbers where you can be reached (at least one number is mandatory)

Social Security Number (Mandatory)

Date of Birth (Mandatory)

Email Address – this may be used for contacting you if we are unable to reach you by phone.

Current Address (Mandatory)

Address for Unofficial copy – include if unofficial records are *not* being sent to your current address.

Transcript/Record/Document

There is a \$10 fee for *each* complete copy requested.

Unofficial copies may be sent to the student's current or to a specified optional address. This copy will have a heavy dark line and the word "Student Copy" written across each page.

OFFICIAL copies are stamped with the Nassau BOCES raised seal and will not be mailed to the student. OFFICIAL copies may only be requested by the student using the attached order form and will be mailed directly to the specified employers, agencies or other approved sites.

of Unofficial Student Copies (enter the number of copies requested; leave blank if none). Multiply each copy requested by \$10 and enter the amount in the box.

of OFFICIAL Copies (enter the number of copies requested; leave blank if none). Multiply each copy requested by \$10 and enter the amount in the box.

Sub-Total: Add the two amounts along this line (if any).

Mailing Addresses for OFFICIAL Copies: You may enter two different mailing addresses on the front of the form. If more than two are required then use the back of the form. Be sure that the total number of OFFICIAL copies matches the number of mailing addresses you have provided.

Other Records/Documents: Use this area to write special instructions, etc. or to request other documentation to be mailed. Use the back of the request form if additional space is required. Enter the number of additional documents in the box provided, multiply by \$10 and enter the Sub-Total.

Total Payment Enclosed: Add the two amounts in the Sub-Total boxes to obtain this amount. Payment may only be made by Bank Check or Money Order payable to Nassau BOCES. No cash, personal checks or credit cards will be accepted.

Signature and Date: (Mandatory): If your signature or date is omitted your form will not be processed or will be delayed.

Mailing Instructions: Mail the Order Request Form to: Nassau BOCES, Attention: Records, 1196 Prospect Ave., Westbury, NY 11590.

Please note:

We do not accept requests for records from employers, agencies, or schools. If received, we will attempt to contact the student who will then be responsible for completing and returning the Nassau BOCES Transcript/Records Order Form along with the appropriate payment. Please allow 2-3 weeks for processing your order after we receive your request.

Electronic Signatures will not be accepted. Incomplete or incorrect information or payment will delay your order. For additional copies of this form you may visit our website at www.adultednassau.org

Records of students who are indebted to Nassau BOCES will not be released. FERPA guarantees students the right to "inspect and review" their educational records, however.

"OFFICIAL" documents that are mailed/sent directly to a third party (as designated by the student) are signed by the Registrar, embossed with the BOCES-Adult Center seal, and sent in a sealed Nassau BOCES envelope. All other transcripts including those mailed to past or present students are considered "UNOFFICIAL" and will **not** include the BOCES-Adult Center seal; these will state "UNOFFICIAL-Issued to Student."

Nassau BOCES mails all requested transcripts or verifications via the U.S. Post Office.

Responsibility for Erroneous Information

Students (or authorized third parties) are responsible for providing accurate addresses and/or phone numbers. Students who provide erroneous information will have to re-submit their requests and pay all charges associated with the initial and all subsequent requests. Nassau BOCES-Adult Evening Program will be responsible for absorbing costs of a second or subsequent request only if the Adult Evening Program staff is responsible for making the error.

NON-DISCRIMINATION STATEMENT

Nassau BOCES does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs, activities and employment. The following persons have been designated to handle inquires regarding the non-discrimination policies:

Jeffrey Drucker
Section 504 Coordinator
and Title IX Coordinator
Nassau BOCES
71 Clinton Road
Garden City, NY 11530
516 396-2360
jdrucker@mail.nasboces.org

Amy Levine
Title IX Coordinator
Nassau BOCES
71 Clinton Road
Garden City, NY 11530
516 396-2340
alevine@mail.nasboces.org