REQUEST FOR HIGH SCHOOL TRANSCRIPT

Please Print All Entries

_____

Name of High School (please print)

_____

Student Name (please print)

_____

Aliases: **If any other name was used, please indicate above)**

Address:

_____

_____

Date of Birth_____

High School Graduation or GED Date:_____

Please be advised that I have applied for admissions to a Health Careers Program at Western Suffolk BOCES.

In order to complete my application, I am required to submit a copy of my official high school and/or GED records.

Since time is an important factor, I would very much appreciate your immediate attention to this matter. Thank you!

MAIL THIS FORM WITH THE OFFICIAL TRANSCRIPT

Thank you for your cooperation.

Sincerely,

Please forward transcript to:

Western Suffolk BOCES
Allied Health Sciences
152 Laurel Hill Road
Northport, NY 11768

_____

Student Signature

DO NOT PRINT

PRACTICAL NURSING
Office use only _____