



HEALTH CAREERS

Nancy Kelsey, Executive Director
Rosemary Nagler, Assistant Principal, Health Careers

Western Suffolk BOCES
Northport Campus
152 Laurel Hill Road
Northport, NY 11768-3499
Tel. (631) 261-3721
FAX (631) 623-4908

REQUEST FOR HIGH SCHOOL TRANSCRIPT
(Please print all Entries)

Name of High School: (please print) _____

(Student Name, please print) _____

PRINT Name: _____

(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 attention in this matter as soon as possible.

******MAIL THIS FORM WITH THE OFFICIAL TRANSCRIPT.******

Thank you for your cooperation.

Please forward transcript to:

**Western Suffolk BOCES
Health Careers
152 Laurel Hill Road
Northport, NY 11768**

Sincerely,

Student's Signature

DO NOT PRINT

Radiologic Technology
Office use only _____



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Board of Cooperative Educational Services of Western Suffolk County, NY
www.wsboces.org/fulltime