

**REQUESTING YOUR PRACTICAL NURSING TRANSCRIPT**

**IN PERSON**

Copies of your Putnam/Northern Westchester BOCES transcript can be obtained through the Health Services Office, Tech Center – Room 202, for a fee of \$10.00 for each Official Copy. Our normal business hours are Monday, Wednesday, and Thursday from 8:30 a.m. to 1:00 p.m.

Please check with the Health Services Office prior to arrival to be sure the transcripts are ready.

**BY MAIL**

Official copies of your Putnam/Northern Westchester BOCES transcript can be requested by mail. Please download and print out the transcript request form and send the completed form, along with a check payable to P/NW BOCES, in the amount of \$10.00 to:

Putnam/Northern Westchester BOCES  
Health Services Program  
200 BOCES Drive – Tech Center – Room 202  
Yorktown Heights, New York 10598-4399

Transcript requests are normally processed within 10 business days.

**Important Reminders:**

Any outstanding tuition balance must be cleared by the appropriate office before a transcript can be released.

If anyone other than the student is picking up a transcript, a written authorization from the student is required. The designated person must have a photo I.D.

Official transcripts come in an envelope and are sealed with a school stamp. Employers and institutions who request official transcripts require the seal to be intact upon receipt. **DO NOT OPEN THEM.**



**TRANSCRIPT REQUEST FORM**

First Name: \_\_\_\_\_ Middle Name/Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Dates of Attendance: From \_\_\_\_\_ To \_\_\_\_\_  
Month / Day / Year Month / Day / Year

**SELECT:**    Pick Up Transcript    Mail Transcript to Home Address

If a transcript is to be mailed to a school, institution or organization, please print **EXACT** name, address and office to which the transcript is to be mailed: (duplicate form for additional requests)

\_\_\_\_\_  
*(Name and Title)*

\_\_\_\_\_  
*(Name of School, Institution or Organization)*

\_\_\_\_\_  
*(Street Address, City, State, Zip Code)*

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

**FEE: \$10.00 for each official transcript. Mail the completed form and payment to:**

**Putnam/Northern Westchester BOCES  
Health Services Program – Tech Center – Room 202  
200 BOCES Drive, Yorktown Heights, New York 10598-4399**

**Transcript Service Policy**

When ordering by mail, attach a check or money order payable to P/NW BOCES. Any outstanding tuition balance must be cleared before a transcript can be released. Transcripts will be sent within 10 business days. Photo identification will be required to pick up a transcript. Student's signature is required to authorize request(s). Transcripts will not be released to anyone without the student's written consent.

*For Office Use Only: Paid \_\_\_\_\_ Total # \_\_\_\_\_ Date Processed: \_\_\_\_\_*