



Placement Office
 Wilson Technological Center
 17 Westminster Avenue
 Dix Hills, NY 11746

(631) 667-6000 Ext 114
 (631) 623-4902 (fax)
jobplace@wsboces.org

REQUEST FOR OFFICIAL TRANSCRIPT

Complete the entire form and return to the Placement Office at the above address.

NOTE: There is a **\$5.00** fee to obtain an official copy of your transcript.

- Mail Requests:* Use money order or MasterCard or Visa or Discover Card
- Fax or Email Requests:* Use MasterCard or Visa or Discover Card
- In-person Requests:* Use cash or money order or MasterCard or Visa or Discover Card

Where should we send your official transcript of the coursework you took while attending Western Suffolk BOCES? (Please print address as it should appear on the envelope).

Name: _____
 Print either the name of the school or your own name. We will send the transcript to the name given here.

Address: _____
 Print the address of the school or your own address. We will send the transcript to the address given here.

Town: _____ **State:** _____ **Zip:** _____
 Print the town/state of the school or your own town. We will send the transcript to the town/state given here.

I attended BOCES/Wilson Tech from _____ to _____ as (please check):
 High School Student Yes No
 Adult Student as a Day Student Night Student

Course Name: _____ Course Location _____

Birthdate: ____/____/____
 Day Month Year

While in attendance, my name was:

 First Middle Last

If you have any questions about my request, contact me at
 Home Phone (____) _____ - _____ Cell Phone(____) _____ - _____

Date _____ **Signature** _____

Method of Payment: Cash Money order Visa MasterCard Discover Card
Credit Card # _____
Security Code (found on back of card) _____ **Expiration Date** ____/____
Card Holder Name _____
Card Holder Address _____
 Town _____ **State** _____ **Zip** _____
Card Holder Signature _____