



Adult Career Service Office
176 County Route 64
Mexico, NY 13114
(315) 963-4256 or (315) 963-4231

Official Transcript Request Form:

Name:

Maiden Name or any previous known names

Address

Social Security Number

Phone Number (where you can be reached during daytime hours)

The Name of the BOCES program you attended

The Month and Year you started the program

The Month and Year you ended the program

_____ x \$10.00 fee _____
of Transcripts Requested Total Fee

Please send completed form with bank check, money order or credit card information to the above address. (No personal checks)

The Name and Address of Institution Official Transcript is to be sent to

***Please note that an Official Transcript can only be sent to an institution and not to an individual.**