



ULSTER ADULT CAREER EDUCATION CENTER

PO Box 601, Rt. 9W, Port Ewen, NY 12466
Telephone: 845-331-5050 • Facsimile: 845-339-8797
Email: adulted@ulsterboces.org
www.ulsterboces.org

TRANSCRIPT REQUEST FORM

This form is to request an official transcript from Ulster County BOCES. There is a fee of **\$10.00** for each transcript requested. **(Payment must accompany request. Request will not be processed until payment is received. DO NOT SEND CASH.)**

Please complete the information on the form below and mail it to:

Ulster County BOCES

Attn: Transcripts

PO Box 601

Port Ewen, NY 12466

I attended the _____ program at Ulster County BOCES from _____ to _____.
(Name Of Course) (Date) (Date)

When I was in attendance at Ulster BOCES, I was: A high school student (LPN only) _____
An adult student _____

Please PRINT all information below.

NAME _____
(Last) (First) (I)

If different from present name, my name at the time was: _____

HOME ADDRESS

(Mailing Address)

(City) (State) (Zip)

(Phone Number)

(Social Security Number) (Date Of Birth)

(Email address)

I request that an official transcript be sent to the following college/institution:

Name _____

Address _____

Signed: _____ Date: _____

For Office Use Only

To New Paltz: _____ FA ☐ Fee ☐ Request completed: _____