

Authorization for Release of Information

I am requesting an official copy of my OCM BOCES transcript. By signing this document, I am granting permission for Onondaga-Cortland-Madison BOCES to release my transcript to the address provided or to me personally.

Transcript released to me at (email	or address):
	or
I authorize Onondaga-Cortland-Ma	adison BOCES to send my transcript to:
Institution:	
Attention:	
Address:	
City, State, Zip:	
Print Name:	
Previous Name(s):	
Signature:	Date:
Phone #:	Program Attended:
Last 4 digits of SS#:	
Year (s) attended (ie: 2001, 2011,	, etc.):

You may mail, fax or email the completed Release Form to the attention of:

Stephanie Ndelela (sndelela@ocmboces.org) or fax 315-453-4492

There is a \$5 fee for transcripts payable via credit card at 315-453-4455 (once the fee is paid AND the release form is received, the transcript will be sent)

Onondaga-Cortland-Madison BOCES, PO BOX 4754, Syracuse, NY 13221