



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-Madison 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:

Brenda Cartee (bcartee@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