NASSAU COUNTY EMS ACADEMY

300 WINDING ROAD OLD BETHPAGE, NY 11804
Phone (516) 572-8530
E-MAIL: INFO@VEEBEMS.ORG

TRANSCRIPT REQUEST

☐ Mr. ☐ Mrs. ☐ Ms. Last Name

First Name MI

Address

City County State Zip

E-mail

Home Phone Cell Phone

Date of Birth SSN (Last 5 Digits)

EMT Number Expiration Date

Official transcripts will be sent to the institution.
Unofficial transcripts will be sent to the student.

Dates of Attendance: Course Number:

Course Type: Course Location:

Send to:

* Requests for transcripts for college credit or employment must be accompanied by $50.00 Cash, Credit Cards or Money Order, made payable to VEEB.
No personal checks.
PAYMENT MUST ACCOMPANY REQUEST

Applicant's Signature: Today's Date

Print Form

Rev. 3/21