NYS Department of Corrections & Community Supervision
Location Preference Sheet

Name: (please print) _____
Title: Pharmacist

Please read carefully prior to completing

Please indicate below which facility(s) you are interested in applying to. This form should be completed and submitted with your NYS-APP to the facility(s) of interest.

PERM	TEMP	
_____	_____	ALBION (Orleans Co.)
_____	_____	ATTICA (Wyoming Co.)
_____	_____	AUBURN (Cayuga Co.)
_____	_____	BEDFORD HILLS (Westchester Co.)
_____	_____	CAPE VINCENT (Jefferson Co.)
_____	_____	CLINTON (Clinton Co.)
_____	_____	COLLINS (Erie Co.)
_____	_____	COXSACKIE (Greene Co.)
_____	_____	ELMIRA (Chemung Co.)
_____	_____	FISHKILL (Dutchess Co.)
_____	_____	FRANKLIN (Franklin Co.)
_____	_____	GREEN HAVEN (Dutchess Co.)
_____	_____	MARCY (Oneida Co.)
_____	_____	MOHAWK (Oneida Co.)
_____	_____	RIVERVIEW (St. Lawrence Co.)
_____	_____	SING SING (Westchester Co.)
_____	_____	ULSTER (Ulster Co.)
_____	_____	WASHINGTON (Washington Co.)
_____	_____	WENDE (Erie Co.)

_____ _____ _____
Signature **Social Security #** **Date**

9/2026