

James I. O'Neill High School
Guidance Department
P.O. Box 287
Highland Falls, NY 10928
Phone: 845-446-4914
Fax: 845-446-2138

DATE

TO: _____
NAME OF FORMER SCHOOL ATTENDED

ADDRESS

CITY STATE ZIPCODE

My son/daughter, _____, has enrolled in Grade _____ at James I. O'Neill High School. In accordance with provisions of the Family Educational Rights and Privacy Act of 1974, I authorize the release of my child's complete transcript of grades, standardized test scores, health records, IEP's, psychological reports, physical education records and other pertinent information which would assist in placing my child.

Thank you.

SIGNATURE OF PARENT OR GUARDIAN

PLEASE NOTE: If grades are not numerical, please send information regarding the numerical equivalents for each letter grade.