



## JAMES I. O'NEILL HIGH SCHOOL

GUIDANCE DEPARTMENT  
P.O. BOX 287  
HIGHLAND FALLS, NY 10928  
845.446.4914  
FAX: 845.446.2138

### ALUMNI TRANSCRIPT REQUEST FORM

Name (While attending JIOHS): \_\_\_\_\_

Current Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Year(s) of Attendance: \_\_\_\_\_

Year of Graduation/Withdrawal: \_\_\_\_\_

#### REASON FOR TRANSCRIPT

College University

Trade School/Union

Military

Employment

Self (Unofficial)

Other (Explain)

#### METHOD OF DELIVERY

I will pick up a sealed envelope

Please mail transcript to the following address:

Please email transcript to college/place of employment at the following email address:

As the individual about whom this information is being requested, I, hereby authorize James I. O' Neill High School and the Highland Falls-Fort Montgomery Central School District to release information in my student records to the contact information I have provided above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*This form must be submitted with a valid form of photo identification. Please submit this form with a valid photo ID to: [julie.henricksen@hffmcsd.org](mailto:julie.henricksen@hffmcsd.org) Fax: 845.446.2138 \*Allow 1 week for processing