

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 (Please explain below):

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:

Email: julie.henricksen@hffmcsd.org
Fax: (845) 446-2138