

JAMES I. O'NEILL HIGH SCHOOL
GUIDANCE DEPARTMENT
PO BOX 287
HIGHLAND FALLS, NY 10928
845-446-4914
FAX: 845-446-2138

TRANSCRIPT REQUEST FORM

Name of Student: _____ Date of Request: ____/____/____

I hereby request that my official high school transcript, which includes course grades and Regents exam scores, be sent to the college(s)/place of employment below:

Name of College: _____

Complete Address: _____

City, State, Zip: _____

Fax Number: _____

Attention of: _____

PLEASE NOTE: It is the student's responsibility to arrange to have his/her SAT and/or ACT scores sent directly from the testing agency to the college admission office. This can be done online at sat.collegeboard.org or www.actstudent.org.

Signature of Student/Alumni: _____

FOR OFFICE USE ONLY

Items Included:

Transcript: Official Sealed Official Unofficial

Date Sent: ____/____/____

Sent By: _____