

Half Hollow Hills High School East Release of Records Form
Half Hollow Hills High School East
50 Vanderbilt Parkway
Dix Hills, NY 11746
(631)592-3150 (Telephone)
(631)592-3908 (Fax)



I authorize the release of my high school transcript and/or other records (specified below) to the following college/university, future place of employment, or designated requestor:

List the name(s) and address(es) to where you want this information sent:

- **If you are enrolled in an undergraduate program and seeking to transfer, please provide the name of the college/university you are currently attending:** _____
- **Would you like an "Unofficial Copy" for yourself? Yes _____ No _____**
- **If "Yes" how would you like the "Unofficial Copy" sent? Via Mail: _____; Fax #: (_____) _____**
Email Address: _____

The following information must be completed entirely. Please write legibly.

1. Current Name:	2. Date of Birth:
3. Name while you attended High School East (if different from current name):	
4. <u>Current</u> Street Address:	5. <u>Current</u> City, State, Zip Code:
6. Telephone:	7. Month & Year Graduated From HS East:

Signature: _____ **Date:** _____
 (Handwritten, *Electronic signature or *Digital signature required.)

(*Electronic or Digital signatures indicate your "Intent to Sign" are the same as handwritten signatures for the purpose of validity, enforceability and admissibility.)

***Attention Graduates Earlier Than 1991:
 Requests for archived documents may take up to two (2) full weeks to process!**