

**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:**

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- 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.**

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

**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!**