



Hastings High School

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Hastings-on-Hudson, New York 10706
Phone – 914-478-6260
Fax – 914-478-6259
www.hohschools.org

A National Blue Ribbon School of Excellence

ALUMNI REQUEST FOR OFFICIAL TRANSCRIPT

Name: _____

(First) (Middle) (Last)

If you attended Hastings HS under a different name, please indicate your former name: _____

Home Address: _____

(Number, Street, Apt#) City & State Zip Code

Daytime Phone _____ Email _____

Date of Birth _____ Dates of Attendance: _____ Year of Graduation _____

****Name & address of person, agency or institute that you wish to receive this transcript.** If you have more than one, please indicate here or use a separate sheet of paper:

**Mail transcript to home address _____

**Fax transcript to: (fax number) _____

****PLEASE NOTE, IF YOU DO NOT FILL OUT THE COMPLETE NAME, ADDRESS, FAX OR EMAIL OF THE INTENDED RECIPIENT, YOUR REQUEST WILL NOT BE FULFILLED**

SIGNATURE AND DATE:

Signature – **REQUIRED** for release of records. Date

This form must be printed, signed and then faxed to (914) 478-6259 or e-mailed to cocuccim@hohschools.org. *Your request will be fulfilled between one to two weeks. In some cases, your request can be fulfilled sooner.*

FOR OFFICE USE ONLY: DATE SENT:	METHOD USED:
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