

Plainview Old Bethpage School District
John F. Kennedy High School
50 Kennedy Drive
Plainview, NY 11803

HIGH SCHOOL TRANSCRIPT REQUEST FORM

Student Name while attending our school: _____

If female and have had a name change please write in new name: _____

Local or toll free telephone number where you can be reached: _____

Date of Birth: Month _____ Day _____ Year _____

Did you attend POB HS Or JFK HS (circle one)

Did you graduate? () Yes () No Last year of Attendance or Graduation _____

Do you need an Official Transcript in a sealed envelope? () Yes & how many copies? _____ () No _____

Would you like a copy also sent to your address? () Yes () No

Address: _____

For Identification purposes only please include a photo copy of your drivers license or State Photo ID.

Address(s) where transcript(s) will be sent: (If multiple schools you may attach a separate piece of paper.)

Send or fax your request to:

John F. Kennedy High School
50 Kennedy Drive
Plainview, NY 11803
ATT: Guidance Dept.
Fax # (516) 937-6384

Any questions: (516) 434-3150