
BEACON HIGH SCHOOL
Diploma Request Form

I, _____ (please print), am requesting a copy of my high school diploma, I understand there is a fee for this service.

Name: _____
(at time of graduation)

Graduation year: _____

All requests must be received in writing.

Fax: 845- 231-0471

Mail to: BHS Guidance Dept.
Attn: W. Birnbaum
101 Matteawan Road
Beacon NY 12508

Signature: _____

Date: _____ Phone: _____

Do not write below this line

Guidance Signature: _____

Date sent: _____