

Clarkstown High School South

CEEB Code: 335913

Transcript Request Form

Signature Required on Back of Sheet

Last Name

First Name

Date of Birth

Counselor

College List

Send electronically:

Date Received by Counselor

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

Clarkstown HS South
College Process

- **Allow a minimum of 10 school days for the processing of your transcript request.**
- Transcript request forms must be submitted by the student in person to his or her counselor.
 - Email requests will not be accepted.
- Students are responsible for submitting their completed applications.
- Standardized test scores (SAT/ACT/AP) must be sent by the student directly to the college via the following websites:
 - SAT/ AP scores: www.collegeboard.org
 - ACT scores: www.actstudent.org

Clarkstown Central School District
Information for the College Process

1. **General Disclosure**: The Clarkstown Central School District forwards educational records and information to colleges/universities that have requested records in which the student seeks or intends to enroll.
2. **Senior Autobiographical Packet**: This packet will be used as part of the college process. Please be advised that your counselor will not complete your recommendation unless this packet is complete. The signatures below indicate that you are aware that the school counselors may use some or all of the material contained in the Senior Autobiographical Packet as part of their letter of recommendation that is sent to colleges.

Student Name and **Cell Phone #**

Parent Name

Student Signature/Date

Parent Signature/Date