

# CLARKSTOWN HIGH SCHOOL SOUTH

## TRANSCRIPT REQUEST FORM

PLEASE FOLLOW THE DIRECTIONS ON THE BACK OF THIS PAGE.

_____	_____	_____	_____
Last Name	First Name	(M.I.)	Social Security #
_____		_____	_____
Street Address		City	Zip
_____		_____	
Date of Birth		Counselor	

### College List

Sent electronically:

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

Sent by mail: (include address)

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| _____    | _____    |
| 2. _____ | 4. _____ |
| _____    | _____    |

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

# TRANSCRIPT REQUEST PROCESS

1. Complete the transcript request form with the names of the colleges to which you are applying. If application was sent via regular mail, the address of the school is required.
2. It is the student's responsibility to send the completed application directly to the college/university; either online or via regular mail.
3. Every transcript request form must be submitted by the student in person to his or her counselor (e-mail requests or attachments are not acceptable).
4. Standardized test scores (SAT, ACT, AP), must be sent by the student directly to the college by accessing the following websites:

SAT / AP scores: [www.collegeboard.com](http://www.collegeboard.com)

ACT scores: [www.actstudent.org](http://www.actstudent.org)

5. Clarkstown High School South's CEEB Code is: 335913

**ALLOW A MINIMUM OF 10 SCHOOL DAYS FOR PROCESSING  
YOUR TRANSCRIPT REQUEST.**