

**CLARKSTOWN CENTRAL SCHOOL DISTRICT
RECORD REQUEST FORM**

Last Name _____ **Maiden** _____ **First Name** _____

Date of Birth _____ **School Last Attended** _____

Graduated? Yes _____ **Year** _____ (Note: Copies of Diplomas are NOT Available.)
No _____

Send the Following: _____ **Transcript (official or unofficial)**
_____ **Letter to Confirm Graduation Date**
_____ **Health Card**
_____ **Other (specify _____)**

Mail to:
Name of Person _____

Office _____

Institution _____

Street Address _____

Town, State, Zip _____

OR email/fax to: _____

OR for pick-up: _____

Signature of person making request _____

Date _____ **Telephone Number** _____

Return to: Clarkstown Central School District
Office of the District Clerk
62 Old Middletown Road, New City, NY 10956
Tel #: (845) 639-6455 Fax #: (845) 639-6379
edeforest@ccsd.edu or lcrosbie@ccsd.edu