Clarkstown High School South
School Counseling Center
31 Demarest Mill Road
West Nyack, NY 10994
845-624-3413 **845-624-3418 Fax**

Transcript Release Form-Former Students Within 5 Years

☐ Date of Graduation _____

_____
Date

OR

☐ Last Attended _____

_____
Telephone #

_____ _____
Date of Birth E-mail

_____ _____ _____
Last Name First Name Maiden Name

_____
Address City State Zip

Please send a copy of my records to: (Please give full address and/or email of college/university)

_____
Student or Guardian's Signature