

**CLARKSTOWN CENTRAL SCHOOL DISTRICT
RECORD REQUEST FORM**

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

Date of Birth _____ **Graduated? Yes** ____ **Year** _____
No ____

Send the following: ____ **Official OR** ____ **Unofficial Transcript**
____ **Letter to Confirm Graduation Date**
____ **Health Card**
____ **Other (specify _____)**

Please Note: Copies of Diplomas are NOT Available

Mail to:
Name of Person _____

Office _____

Institution _____

Street Address _____

Town, State, Zip _____

OR email/fax to: _____

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
eosias@ccsd.edu or lcrosbie@ccsd.edu