



Clayton County Public Schools

Office of Second Language Learning

International Transcript Evaluation Request Form

High School Only

Date			
School Information			
School		Counselor	
Phone		Fax	

Student Information					
Last Name			First Name		
Student ID #		Birth Date		First Year in U.S. School	(check one) <input type="checkbox"/> Yes <input type="checkbox"/> No
Place of Birth	(city and country)		Document Origin	(city and/or country)	
Parent Name	In case additional information is needed		Phone(s)		

Counselors:

Parents must present **original** documents with official seals, official signatures, and/or official stamps for transcript evaluations. Copies of documents are not accepted.

Attach the following documents to this request:

1. Student class schedule (current)
2. Copy (made by CCPS) of original transcript and/or report card(s)

Please complete this statement and sign below: Original documents were...
check one

scanned/copied by the International Center and sent to the school.

presented to me during a parent/student conference at the school.

_____ Date: _____
Counselor's signature

Send this completed form and attachments via fax or email to:
Dr. Erica Clark, International Student Advisor
CCPS International Center - fax# 404-608-2557
Allow at least two weeks for evaluations.