

CLINTON COMMUNITY COLLEGE

Plattsburgh, NY 12901

Request for Supplemental Information

Dear Student:

Certain academic degree programs require students to participate in clinical studies or internships. If you have previously been convicted of a felony offense, you are required to disclose this prior to your placement into one of these clinical/internship courses. To determine your eligibility for placement into one of these classes, we need to obtain additional information. The first step is to provide us with a copy of your Criminal Record. The process for requesting this is outlined at www.criminaljustice.ny.gov/ojis/recordreview.htm. Please reference **ORI #NYDCJSPRY** when making this request.

Then, please complete this form, answering every question, then sign and date as indicated below. Give the form to an appropriate official for verification and ask them to return the completed form to the College as soon as possible.

Name of Applicant _____ Social Security No. _____

Address _____ Phone Number _____

Correctional Facility _____ Date of Release _____

Name & Address of Parole Office _____

Crime for Which Incarcerated _____ Length of Sentence _____

History of Previous Convictions:

Date	Type of Crime	Length of Sentence

Date	Type of Crime	Length of Sentence

I hereby give permission for the information requested on this form to be released to Clinton Community College for the purposes of college admission.

Signature of Applicant

Date

To be completed by the Applicant's Superintendent, Parole/Probation Officer, or other appropriate Official:

Is the information provided above, to the best of your knowledge, correct? Yes _____ No _____

Behavior during incarceration: Unsatisfactory _____ Satisfactory _____ Exemplary _____

Problems while incarcerated:

Date	Type(s) of Infractions	Date	Type(s) of Infractions

Would you recommend this applicant for college study at Clinton Community College? Yes _____ No _____

What rehabilitative services or remedial educational services do you recommend for this applicant? Please feel free to use the back of this form for any additional comments.

Please return to:

Signed _____

Admissions Office
Clinton Community College
46 Beekman Street
Plattsburgh, NY 12901

Title _____

Agency _____ Phone Number _____