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**Downers Grove North Initial Transcript Request Form**

**Name (Full First Name Middle** **Initial Last Name)** **Date** **Student ID** **(required)**

***I understand that I must allow at least ten (10) school days for transcripts to be processed. I understand that I must allow 3 weeks for letters of recommendation to be processed.***

**If you are requesting a teacher letter of recommendation, please indicate *yes* or *no* in the box and**

**indicate the teachers who will be submitting the letters.**

Teacher recommendation

Y or N

Counselor recommendation

Y or N

Paper transcript \*\*

Electronic transcript

Common Application

Y or N

Application due date

Teacher submitting recommendation

College or University

Office use

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |

**\*\* Paper transcripts require an addressed and stamped envelope per transcript.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Counselor initials Date

indicating completion