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**DGN Initial Transcript/Letter of Recommendation Request Form**

**Name (Full first name, M/I, Las****t)**       **Date**       **Student ID** **(required)**

***Submit completed form to your counselor. Allow at least ten (10) school days for transcript requests to be processed.***

***Allow 3 weeks for letters of recommendation to be completed.***

**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 OR

Common Application

Y or N

Application due date

Teacher submitting recommendation

College or University

Office use

|  |  |  |  |  |  |  |  |  |  |  |  |
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| 6 |  |  |  |  |  |  |  |  |  |  |  |

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

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Counselor initials Date

indicating completion