COLLEGE TRANSCRIPT REQUEST FORM

* * Please allow 2 weeks processing time.

Mrs. Dressler _	N	Mr. Gunning		Mrs. Hull	
Date of Reque	st			Date Processed	
Student Name	First	Middle	Last	(for counselor) SSN	
Send transcrip	t to: Colleg	e Schola	arship (check	one)	
Address:			(as listed This dea	Il Deadline:/ d on application) date/month adline ispostmarked by received by	
This applicatio	n was filed: On Pa	line (per (
Please send:	X School Profile	er of Recomme	endation	ort/Counselor Form*	

NOTE: If you are having letters of recommendation sent, you are to provide your teachers with a stamped and addressed envelope for each college, so they can mail your letters independently.

^{*} If you would like these sent, please attach to the transcript request form.