

GLENBARD EAST TRANSCRIPT REQUEST FORM
(Required for ALL College Applications)

Name _____
Last First

Year of Graduation _____ ID _____ Birth Date ____/____/____

Student Signature _____

Counselor: Greener Lepsi Lilly Mandley Ortiz Schneider Vega-Rodriquez Witte Zima
(Circle)

Name of College: _____

City & State: _____ **Application Due Date:** _____
(Students are responsible for meeting all deadlines, including teacher recommendations!)

Application Type: _____ **Date Application was Submitted online:** _____

- Common Application
- School Specific *Online* Application
- School Specific *Paper* Application

Supporting Documents: _____ *(please submit any school specific forms with this request)*

- Counselor Recommendation
- Secondary School Report

Teacher Letters of Recommendation: _____ *(please give any school specific forms to the teacher)*

Please keep in mind that not all colleges require letters of recommendation. Please check with your college regarding the number of recommendations that are actually needed and only request what is required.

Name of Teacher: _____ Name of Teacher: _____
 Teacher Recommendation form given to teacher Teacher Recommendation form given to teacher
 Teacher request made through Naviance Teacher request made through Naviance

Name of Teacher: _____ Name of Teacher: _____
 Teacher Recommendation form given to teacher Teacher Recommendation form given to teacher
 Teacher request made through Naviance Teacher request made through Naviance

Students currently receiving free or reduced lunch and/or a Glenbard fee waiver are eligible to waive their college application fees. Will you be requesting a college application fee waiver? Yes No

Note(s) for counselor: _____

Your application is your responsibility. Applications are processed in the order in which they are received.
Please allow 10 school days for your request to be processed, 15 school days if a letter of recommendation is required.

No faxed or emailed requests for transcripts will be honored.

Official transcripts can only be sent directly to institutions.

Office Use Only:

Date received ____/____/____

Date Processed by Counselor ____/____/____ *(please circle):* eDocs /Traditional Mail Submit Now/Hold

Counselor Notes: _____
