

PALATINE HIGH SCHOOL TRANSCRIPT REQUEST FORM

*Please allow two weeks for processing if you need a counselor recommendation.
Most transcripts are mailed within 5 days.

Student Name (Please Print) _____

Student Signature: _____

I.D. # _____

Counselor: _____ Today's Date: _____

PLEASE CIRCLE:

<u>Transcript needed for:</u>	College application	Scholarship
<u>College Application:</u>	Submitted on-line	Paper (attached)
<u>Application Fee:</u>	Paid on-line	Attached
<u>Counselor Recommendation Needed:</u>	Yes	No
<u>Secondary School Report form:</u>	Yes (attached)	No

(Important Note: It is your responsibility to meet with your counselor to obtain a recommendation letter – please make an appointment)

Name of College or Scholarship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

*DEADLINE DATE: _____

PLEASE ATTACH THIS FORM TO YOUR COLLEGE OR SCHOLARSHIP APPLICATION
PLACE IN APPROPRIATE BASKET BY RECEPTIONIST IN GUIDANCE

Counselor Signature _____

Date application and/or transcript sent _____