

# TRANSCRIPT REQUEST FORM

NAME \_\_\_\_\_ ID # \_\_\_\_\_ GRADUATION YEAR \_\_\_\_\_

COLLEGE \_\_\_\_\_  
HIGH SCHOOL \_\_\_\_\_  
SCHOLARSHIP \_\_\_\_\_  
OTHER \_\_\_\_\_

**APPLICATION:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
CITY STATE ZIP

\*CODE # \_\_\_\_\_

\_\_\_\_\_  
ONLINE APPLICATION

**ENCLOSURES:**

\_\_\_\_\_  
PAPER APPLICATION  
\_\_\_\_\_  
ESSAY / PERSONAL STATEMENT  
\_\_\_\_\_  
COUNSELOR RECOMMENDATION  
\_\_\_\_\_  
SECONDARY SCHOOL REPORT  
\_\_\_\_\_  
COUNSELOR SIGNATURE PAGE  
\_\_\_\_\_  
STUDENT SIGNATURE PAGE  
\_\_\_\_\_  
OTHER \_\_\_\_\_  
(PLEASE SPECIFY)

\* <https://sis.district125.k12.il.us/sa/framegen.html> TO ACCESS A LIST OF AESHS TRANSCRIPT REQUEST COLLEGE CODES.

**APPLICATION:** \_\_\_\_\_  
\_\_\_\_\_  
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**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_