



REQUEST FOR COLLEGE TRANSCRIPT
St. Louis Christian College

STUDENT INFORMATION

Name: _____
Last First Middle Maiden

Home Address: _____
Street City State Zip

Home Telephone: () _____ Email: _____

Social Security Number: _____ Date of Birth: ____/____/____
Month Day Year

Dates of Attendance: ____/____/____ -- ____/____/____

Other names used while a student at this institution: _____

Please send the official transcript of my record to:

Postal Mail: Office of Admissions
St. Louis Christian College
1360 Grandview Drive
Florissant, Missouri 63033

Applicant's Signature: _____ Date: _____

Please mail my transcript promptly. It must be received by
the Office of Admissions before consideration for admission. Thank you!