



REQUEST FOR HIGH SCHOOL TRANSCRIPT  
St. Louis Christian College

STUDENT INFORMATION

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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!