



REQUEST FOR HIGH SCHOOL TRANSCRIPT

Saint Louis Christian College

STUDENT INFORMATION

Name: _____
Last First Middle Maiden

Address: _____
Street City State Zip

Telephone Number: () _____ E-mail: _____

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:

OFFICE OF ADMISSIONS
SAINT 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!