



# REQUEST FOR COLLEGE TRANSCRIPT

## Saint Louis Christian College

### STUDENT INFORMATION

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Name: \_\_\_\_\_  
Last First Middle Maiden

Address: \_\_\_\_\_  
Street City State Zip

Telephone Number: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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!