



# Saint Louis Christian College Transcript Request Form

1360 Grandview Drive, Florissant, MO 63033 ♦ Phone (314) 837-6777 ♦ www.slconline.edu

Name: \_\_\_\_\_  
*Last First M.I. Maiden*

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

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

Current Address: \_\_\_\_\_

\_\_\_\_\_  
*City State Zip Code*

Current Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Dates of Attendance (Month/Year): \_\_\_\_\_

**Please send a transcript of my records to (please indicate unofficial or official):**

**Unofficial**

**Official**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*An official transcript will not be released if a balance is due  
with the Business Office or the Library.*

**For Office Use Only**

Date Sent: \_\_\_\_\_ Sent By: \_\_\_\_\_

Business Office Ok: