



A. Name of High School \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

**OR**

B. Name of College \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

To: Institution Registrar

The student listed below is requesting official transcript(s) to be sent to Christian Life College as an admissions requirement.  
Thank you.

Please send my official transcript to:

**Christian Life College**  
Office of Admissions  
9023 West Lane  
Stockton, CA 95210

Student Name \_\_\_\_\_  
Last First Middle

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

Name(s) registered under \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ I was a student from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Student's Signature Date