



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