



## **TRANSCRIPT REQUEST**

**TO PROCESS A REQUEST, THE FOLLOWING THINGS ARE REQUIRED:**  
Please print legibly

1. The name the student was enrolled under while attending CHS:  
\_\_\_\_\_
2. Years Student Attended \_\_\_\_\_
3. Date of Graduation: \_\_\_\_\_
4. The student's date of birth: \_\_\_\_\_
5. Does the transcript need to be official? (Signed, stamped, and in a sealed envelope)  
\_\_\_\_\_ Yes \_\_\_\_\_ No
6. The name of the school and address where the transcript is to be sent OR the name and address of the person to whom the transcript is to be sent. (Please print clearly)

**OR**

6. Will the transcript be picked up in person? YES  NO

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please provide a phone number (please include area code) or Email address

if we need to contact you \_\_\_\_\_

Please mail your completed transcript request form to:  
Mrs. Linda Evans, Registrar  
Christian High School  
2100 Greenfield Drive  
El Cajon, CA 92019  
Or fax to: 619-201-8822