



CHRISTIAN HIGH SCHOOL  
2100 GREENFIELD DRIVE  
EL CAJON, CA 92019  
619-440-1531  
619-201-8822 (FAX)

**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 address where 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