



## Christian High School

### Alumni Transcript Request Form

Name of student while attending CHS: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ Student's Date of Birth: \_\_\_\_\_

Current contact info- Name (if different than when attending CHS): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Official transcript (signed, stamped, and in sealed envelope): Yes  No

Unofficial transcript: Yes  No

Pick up transcript in person? Yes  No  **Deadline Date (if any):** \_\_\_\_\_

Send transcript to: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact name (if known): \_\_\_\_\_

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

Please mail or fax this form to the Registrar at Christian High School and allow 2-5 school days for request to be filled.

LIVING WORD CHRISTIAN SCHOOL

Christian High School ♦ Christian Middle School ♦ Christian Elementary School ♦ Christian Preschool

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