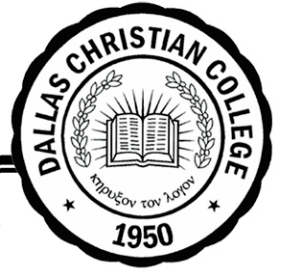


DALLAS CHRISTIAN COLLEGE



Transcript Request

Date:	SS#:	Date of Birth:	
Last name:		First name:	Middle/Maiden name:
Street address:			
City:		State:	Zip:
Home Phone:		Work Phone:	
Cell Phone:		E-mail:	
Institution Attended:			
Date Enrolled:		Graduation/Exit Date:	
Name enrolled under:			
<i>Student Signature:</i>			

Please MAIL an official transcript to:
ACCESS Program
Dallas Christian College
2700 Christian Parkway
Dallas, Texas 75234

** Some institutions require a transcript fee in order to process this request. It is the student's responsibility to pay any required fees.*