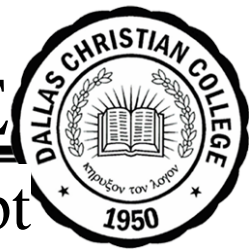


# DALLAS CHRISTIAN COLLEGE



## Request for Official Transcript

**Please Print**

**Send to High School or College/University that you attended and are requesting transcript**

\_\_\_\_\_

High School/College/University Date

\_\_\_\_\_

Last Name First Name Middle/Maiden Social Security Number

\_\_\_\_\_

Address Date of Birth

\_\_\_\_\_

City State Telephone

I was a student from: \_\_\_\_\_ To: \_\_\_\_\_

Month/Year Month/Year

I was registered under the following name: \_\_\_\_\_

\_\_\_\_\_

Signature

Please send an official transcript to:

**Office of Admissions  
Dallas Christian College  
2700 Christian Parkway  
Dallas, TX 75234-7299**