Oate: SS#:			Date of Birth:		
Last name: First na		name:		Middle/Maiden name:	
Street address:					
City:			State:	Zip:	
Home Phone:			Work Phone:		
Cell Phone:			E-mail:		
Date Enrolled:		Gradi	Graduation/Exit Date:		
Recipient:					
Institution:					
Address:					
City, State, Zip:					
Student Signature:					

Please mail this completed form to: Academic Affairs Dallas Christian College 2700 Christian Parkway Dallas, Texas 75234 OR

Please fax this completed form to: Academic Affairs Dallas Christian College (972) 241-8021

<sup>\*</sup> Transcripts take two-three workdays to process. Please allow additional time for first-class mail delivery.