



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 name of the school and address where the transcript is to be sent OR the name and address of the person to whom 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. Christine Speers, Registrar
Christian High School
2100 Greenfield Drive
El Cajon, CA 92019
Or fax to: 619-201-8822