

# TRANSCRIPT REQUEST FOR COLLEGE AND HIGH SCHOOL RECORDS

## TO THE REGISTRAR OR PRINCIPAL:

I have applied to Pensacola Christian College for the  
☐ Fall ☐ Spring of \_\_\_\_\_.  
Year

Please send a copy of my  
☐ College Transcript ☐ High School Transcript

To: **Director of Admissions  
Pensacola Christian College  
P.O. Box 18000  
Pensacola, FL 32523-9160  
U.S.A.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

*Attach Personal Data below to transcript being sent to Pensacola Christian College.*

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## PERSONAL DATA

To Be Completed by Student

\_\_\_\_\_  
Name (Last / First / Middle / Maiden)

\_\_\_\_\_  
Student's Name at Time of Enrollment (if different from above)

\_\_\_\_\_  
Birth: Mo./Day/Yr.

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
Last Attended: Term/ Yr.

\_\_\_\_\_  
Graduation Date: Mo./Yr.

\_\_\_\_\_  
Address (Street / City / State / ZIP)

**PENSACOLA CHRISTIAN COLLEGE®**