



Enroll in the  spring semester  fall semester  
of year: \_\_\_\_\_

# TRANSCRIPT REQUEST FORM

A

## APPLICANT TO BE FILLED OUT BY APPLICANT

Please complete the section below and submit this form to your high school or college to be sent with your transcripts following graduation

Name of applicant: \_\_\_\_\_ Date of enrollment or graduation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone number: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of high school or college: \_\_\_\_\_

School address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

B

## HIGH SCHOOL/COLLEGE PLEASE SEND THIS FORM ALONG WITH A COPY OF MY ACADEMIC RECORDS FOLLOWING GRADUATION TO:

West Coast Baptist College  
Admissions Director  
4010 E. Lancaster Blvd.  
Lancaster, CA 93535