

# Transcript Request

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**To: The Registrar**

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Educational institution

---

Street address

---

City State ZIP

---

**From:**

---

Name

---

Street address

---

City State ZIP

Please send one copy of my academic record with seal affixed to the address below:

Admissions Office  
Southern Christian University  
PO Box 240240  
Montgomery, AL 36124-0240



---

Dates of attendance

---

Social Security Number

---

Name while attending

---

Signature

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