# SOUTHWESTERN CHRISTIAN UNIVERSITY
# TRANSCRIPT REQUEST

**Last Name** **First** **(Maiden)**

**Address** **City** **ST** **Zip**

**Telephone** **Fax** **E-mail**

**Social Sec #**_____ **DOB**_____

**Dates of Attendance at SCU**_____

**Date of Request**_____ **Number of Copies**_____

____ **I will pick up my transcript on (7-10 business days)** _____

**Signature** **Date**

_____***Send transcript to:***

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**City & STATE** _____ **Zip** _____

***AUTHORIZATION TO RELEASE TRANSCRIPT:***

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**Financial Aid** **Business Office**

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**Registrar Office** **Date Released**