



**WESTMINSTER**  
CHRISTIAN ACADEMY

**Request for Transcript**

Please complete the following questions and send to:

Registrar  
Westminster Christian Academy  
800 Maryville Centre Drive  
Town & Country, MO 63017

Name: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Graduation date: \_\_\_\_\_

Withdraw date: \_\_\_\_\_

Send Electronically to: \_\_\_\_\_

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(signature)

If this is an “official copy” and you are mailing it to yourself, please do not open the envelope. There are colleges and universities that will not accept the transcript if the envelope is opened.

If you have any questions, please call 314.997.2900.