



WESTMINSTER
CHRISTIAN ACADEMY

Request for Transcript

Please complete the following questions. Send a check for \$5.00, payable to Westminster Christian Academy, to:

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

Name: _____

Social Security number: _____

Graduation date: _____

Withdraw date: _____

Mail to:

Requested by: _____ Date: _____
(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. Thank you. If you have any questions, please call 314.997.2900.