



Southern California Seminary  
2075 East Madison Avenue, El Cajon, CA 92019  
Phone: 619-201-8951 Fax: 619-201-8975  
Email: registrar@socalsem.edu  
Web: www.socalsem.edu

# REQUEST FOR OFFICIAL TRANSCRIPT

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Date: \_\_\_ / \_\_\_ / \_\_\_\_\_  
mo da yr

To the Registrar at: \_\_\_\_\_  
Name of High School or College

As a student at your institution, I was registered under the following name(s):

\_\_\_\_\_  
Last First Middle

\_\_\_\_\_  
Last First Middle

My Social Security Number is: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

I attended from: \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_  
mo yr mo yr

My current address is:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

**Please Mail Official Transcript to:**  
Southern California Seminary  
c/o Admissions  
2075 East Madison Avenue,  
El Cajon, CA 92019