

# OFFICIAL TRANSCRIPT REQUEST

Charlotte Christian College & Theological Seminary  
3117 Whiting Avenue  
Charlotte, North Carolina 28205-1648  
Phone: 704-334-6882 / Fax: 704-334-6885 / www.charlottechristian.edu



Please complete all required sections as well as the appropriate boxes of the form. The form may be duplicated if you need transcripts sent to more than one institution. There is a \$10 fee per official transcript. Allow five (5) to seven (7) days for request to be completed.

\_\_\_\_\_  
Print Name (as it appeared during time of enrollment)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Birth

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Social Security Number

I am currently enrolled.

I was enrolled from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please send official transcript to:**

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Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

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Number of transcript requested: \_\_\_\_\_

Please mail request to: Charlotte Christian College & Theological Seminary  
Registrar Office  
PO Box 790106  
Charlotte, NC 28206-7901

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