

<b>OFFICE USE ONLY:</b>	
STUDENT ID _____	
DATE RECEIVED _____	

**Admissions Office**  
200 Riverview Parkway  
Santee, California 92071  
**(619) 201-8700 · (800) 201-8749**  
sdcc.edu

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**TO THE APPLICANT**

*This form is your authorization for an official copy of your transcript to be sent to San Diego Christian College.*

*Please complete the top portion and present it to your high school guidance office or college registrar's office.*

*Please do not send this form to SDCC without a TRANSCRIPT officially signed and sealed.*

Applicant's Name \_\_\_\_\_

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

Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

*I hereby give permission for my transcript and other relevant information to be sent.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**HIGH SCHOOL COUNSELOR OR COLLEGE REGISTRAR**

*Please send this form with the applicant's official transcript to:*

**MAILING INFORMATION**

**San Diego Christian College**  
**Admissions Office**  
200 Riverview Parkway  
Santee, California 92071