

transcript request

To the Registrar:

High School/College/University: _____

Address: _____

STREET

CITY

STATE

ZIP

Student Information:

I was registered under the following name(s): _____

Address: _____

STREET

CITY

STATE

ZIP

Telephone: _____ I was a student from: _____ to: _____
MONTH YEAR MONTH YEAR

Please send official transcript to: Summit Christian College, 2025 21st Street, Gering, NE 69341

Phone: (308) 632-6933 Fax: (308) 632-8599

Signature: _____ Date: _____

X:.....X

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**Summit Christian College
Admissions Office
2025 21st Street
Gering, NE 69341**



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