



CORNERSTONE CHRISTIAN CORRESPONDENCE SCHOOL

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Dr. William B. Brown
President

Mrs. Connie Poppell
Registrar

Mrs. Jenny Turner
Administrator

TRANSCRIPT REQUEST

Student Information

Student Name _____

Current Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Year of Graduation _____ Record# _____

School or Employer Information

School/Employer Name _____

Address _____

City _____ State _____ Zip Code _____

Attention to _____

If you would like the transcript sent directly to you we will not need the School or Employer information. Please remember that you cannot break the Sealed Envelope containing the transcript as this will make your transcript invalid!

Transcript Fee *\$10.00 for each transcript requested*

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