



The mission of Westminster Christian Academy is to assist parents in educating their children by imparting God's truth to transform society in present and future generations.

TO: Records Clerk Date: _____

FROM: _____
Name Last Maiden Name

Street Address Year Graduated from WCA

City, State, Zip Date of Birth

Telephone No. Social Security No.

This letter is to serve as my written request that a copy of my

- ____ 1. unofficial transcript ____ 2. official transcript
____ 3. test scores ____ 4 immunizations

be sent to the following institution:

Mailing Address

City, State, Zip

Attention:

Phone No.

Signature