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TRANSCRIPT REQUEST FORM

DATE: _____

NUMBER OF TRANSCRIPTS REQUESTED: _____

STUDENT'S NAME AT TIME OF GRADUATION

(MAIDEN NAME IF APPLICAPABLE)

HOME ADDRESS: _____

PHONE #: (____) _____ YR OF GRADUATION _____

Print complete name and address of the college or destination where transcript is to be mailed, including zip code.

MAIL/EMAIL TO: _____

Recipient's signature: _____

A copy of your driver's license or picture ID is required.

Transcript(s) fee is \$5.00 per transcript mailed or free if picked up. Make payment to Covington High upon request. Transcript(s) will be mailed within 24 – 48 hrs. (or when final transcript is available). Unofficial transcript(s) can be emailed.