

COVINGTON HIGH SCHOOL

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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.