

COVINGTON HIGH SCHOOL

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TRANSCRIPT REQUEST FORM

DATE: _____ # of Transcripts requested: _____

Date of Birth: _____ Last 4 of Social Security: XXX-XX-_____

STUDENT'S NAME AT TIME OF GRADUATION: **Please PRINT**

(MAIDEN NAME IF APPLICABLE)

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 or a fax number.

FAX TO: _____

MAIL TO: _____

Recipient's signature: _____

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