

COVINGTON HIGH SCHOOL
73030 LION DRIVE
COVINGTON, LA 70433
(985) 892-8854

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 transcript is to be mailed, including zip code.

MAIL TO: _____

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

Transcript fee is \$1.00 per transcript, payable to Covington High, upon request. Transcript(s) will be mailed within 24 – 48 hrs (or when final transcript is available).