

Transcript Request Form

COVINGTON HIGH SCHOOL

73030 LION DRIVE

COVINGTON, LA 7043

985-892-3422 EXT 2015

marla.pike@stpsb.org

****Please pay attention to submission deadlines to allow for processing time.****

Date: _____ **# of Transcripts requested:** _____

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

Student's Full Name: Please PRINT: _____

Phone: _____ **Year of Graduation:** _____

**Print complete name and address/email/fax of the college or destination where
transcript is to be sent.**

Fax: _____ **Email:** _____

Mailing Address: _____

Office Use Only

Date Submitted: _____ **Initials:** _____