

**TRANSCRIPT
REQUEST FORM:
ALUMNI**

**COVINGTON EXEMPTED
VILLAGE SCHOOLS**

Covington Board of Ed
Office
Attn: Transcript Request
807 Chestnut St.
Covington, OH 45318

TRANSCRIPT REQUEST

Directions:

- Fill out a separate form for each address where a transcript is to be sent.
- Provide all requested information completely.
- Normal processing time is 2-3 business days after request is received.
- Mail this completed form to the address provided on this form.

Name: _____

Student Last Name (when attending Covington Schools): _____

Year of Graduation: _____ Date of Birth: _____

Daytime Phone #: _____

Options:

____ I will pick up the transcript from the school after being notified it is ready. (photo ID required at time of pick up)

____ Mail transcript to: _____

____ Email transcript to: _____

I AUTHORIZE COVINGTON SCHOOLS TO RELEASE MY TRANSCRIPT AND ALL RELATED DATA ON FILE AS STATED ABOVE.

(SIGNATURE/DATE)