

Former Student Transcript Request Form

Please complete this form, return in person or mail with payment to: Covina High School, Attn: Registrar, 463 S. Hollenbeck Ave, Covina, CA 91723. Each transcript costs \$2 which can be paid via Cash or Money Order.

Quantity of Official	Transcript(s) needed:	(Official	Transcript - Sig	ned, stamped and se	aled)
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First and Last Name at time of attendance:

Date of Birth:	 Graduation Year	OR Last >	/ear	Attended:	

Contact Phone Number:

Transcript	Receipt	Method:
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Pick up at Covina High School: Yes	OR	If you want it mailed, please provide,
If not yourself,		Name and Mailing Address:

Release to (for pick up): ______

(Picture ID required at the time of pick-up)

Signature: _____

Date: _____

*Transcripts are ready in 1-2 business day/s. The Registrar will contact you when your transcript is ready for pickup. Please allow 7-10 business days for Mail delivery.