

REQUEST FOR COVINGTON LATIN SCHOOL TRANSCRIPT (FORMER STUDENT)

Return this form to: Registrar, Covington Latin School, 21 E. 11th St., Covington, Ky. 41011. Fax number: 859-291-1939. Please allow at least two weeks for processing from the receipt date of this request.

Name:

(Last) (First) (Middle) Maiden name (if applicable):

Date of Birth:

(Month) (Date) (Year)

Current address: _____

Email address: _____

Phone number: (____) _____

Year graduated Covington Latin School: _____ If you did not graduate from Covington Latin School, list the years you attended CLS _____

Please indicate the name and address to which the transcript is to be sent: _____

Please indicate below if other documents (SAT/ACT scores, etc.) are to be sent (if available in file):

I hereby grant permission for Covington Latin School to release my official transcript to the above address. _____

(Signature)

(Date)

(Printed name)

(Printed name) Rev. 8/23/12 OFFICE USE ONLY Date received _____ Received by _____ Date sent _____ Sent by _____
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