



Covington Theological Seminary

Transcript Request Form

Office of the Registrar : 706-866-5626

Fax your request to: 706-861-3550

NAME _____
 (Last) (Maiden Name, If Applicable) (First) (M.I.)

ID# _____ PHONE# _____

CURRENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

CURRENT STUDENT OR LAST YEAR OF ATTENDANCE _____

SIGNATURE _____ Date _____

Regulations

- A fee of \$5.00 is charged for each official transcript.
- Request for official transcripts must have a students signature.
- Transcripts will not be released if you have a delinquent financial obligation to the college.
- Transcripts typically take 1-3 business days to process.

Type	Mail to	Mailing Options	Special Instructions <i>for office use only</i>
# of Copies _____ <input type="checkbox"/> Official <input type="checkbox"/> Unofficial	Recipient Name: _____ Address: _____ City: _____ State _____ Zip _____ Phone # _____	<input type="checkbox"/> Pick up at Registrar's Office <input type="checkbox"/> 1st Class Mail	<input type="checkbox"/> Hold for grades <input type="checkbox"/> Hold for degree <input type="checkbox"/> Include attached papers <input type="checkbox"/> Other: _____
# of Copies _____ <input type="checkbox"/> Official <input type="checkbox"/> Unofficial	Recipient Name: _____ Address: _____ City: _____ State _____ Zip _____ Phone # _____	<input type="checkbox"/> Pick up at Registrar's Office <input type="checkbox"/> 1st Class Mail	<input type="checkbox"/> Hold for grades <input type="checkbox"/> Hold for degree <input type="checkbox"/> Include attached papers <input type="checkbox"/> Other: _____
# of Copies _____ <input type="checkbox"/> Official <input type="checkbox"/> Unofficial	Recipient Name: _____ Address: _____ City: _____ State _____ Zip _____ Phone # _____	<input type="checkbox"/> Pick up at Registrar's Office <input type="checkbox"/> 1st Class Mail	<input type="checkbox"/> Hold for grades <input type="checkbox"/> Hold for degree <input type="checkbox"/> Include attached papers <input type="checkbox"/> Other: _____

Amount Paid: _____ Check# _____ Cash *For office use only* Credit Card: _____ Exp Date: _____ Sec.Code: _____