



# Covington Theological Seminary

## Transcript Request Form

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 \_\_\_\_\_

Office of the Registrar 706-866-5626

### Regulations

- A fee of \$10 is charged for each official transcript and a \$5 for each additional transcript.
- Request for official transcripts must have a student's 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: \_\_\_\_\_

Date Received: \_\_\_\_\_