

## Transcript Request

Covenant School of Radiography  
2002 West Loop 289, Suite 120  
Lubbock, Texas 79407

All obligations to Covenant School of Radiography and Covenant Health must be cleared before transcripts may be released. Please allow 3 – 4 business days for all requests to be processed. A fee will be charged per number of documents (\$3 unofficial and \$5 official). *All information is required and considered confidential.*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Please list any other name while enrolled in school: \_\_\_\_\_

Last 4 digits of SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_  
(mm/dd/yyyy)

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Current Address: \_\_\_\_\_ (street)

\_\_\_\_\_  
(city, state, zip)

\_\_\_\_\_

\_\_\_\_\_

Number of Transcripts: \_\_\_\_\_

☐ Official

☐ Unofficial

Method of Delivery: ☐ Pickup transcript(s) in person.

☐ Mail to my current address listed above.

☐ Mail to address listed below.

☐ E-mail me a pdf file (unofficial only)

Address 1: \_\_\_\_\_ (recipient)

\_\_\_\_\_  
(street)

\_\_\_\_\_  
(city, state, zip)

\_\_\_\_\_

Address 2: \_\_\_\_\_ (recipient)

\_\_\_\_\_  
(street)

\_\_\_\_\_  
(city, state, zip)

\_\_\_\_\_

Signature: \_\_\_\_\_

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

The following forms of payment are accepted: personal check, money order, Discover, Visa, or MasterCard. *Please make checks or money orders payable to Covenant School of Radiography.* ☐ Credit/Debit Card ☐ Payment upon pickup.

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CVC: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

### Office Use Only:

Date Received: \_\_\_\_\_ Payment Type: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Date Sent: \_\_\_\_\_ Completed By: \_\_\_\_\_