

**DIOCESE OF COVINGTON
TRANSCRIPT RELEASE AUTHORIZATION**

School: _____

Dates attended: _____ Date graduated: _____

Full name while in attendance: _____

Social Security Number: _____ Birth date: _____

Current full name: _____

Address: _____

Telephone number: _____

Send transcript to my address above: yes ___ no ___

Send transcript to the following address: _____

I hereby certify that I am the above-mentioned former student of the above-mentioned school of the Diocese of Covington. I authorize the Diocese of Covington Archives to send a copy of my academic transcript from this school to the address I have indicated above. By signing this release form, I relieve the Diocese of Covington from any and all liabilities.

Signature: _____ Date: _____

Please mail this completed form to:
Diocese of Covington Archives
P.O. Box 15550
Covington, Kentucky 41015-0550
(859) 538-1176

For office use only:

Date received: _____ Date copy mailed: _____