Covenant School of Nursing
Transcript Request

All obligations to Covenant School of Nursing and Methodist Hospital School of Nursing must be cleared before transcripts may be released. *All information is considered confidential.*

(Please allow 3 business days) **All information below is required:**

Last Name _____ First Name_____ MI_____

Name used while enrolled in school:_____Other names used: _____

Social Security Number:_____ Date of Birth _____

Current Address _____

City _____ State_____ Zip _____ Year Graduated: _____

Email Address_____ Phone Number:_____

Number of Transcripts _____ ***NOTE: Official Transcripts are $10 each Unofficial are $3 each***

☐ Pick Up Transcript(s)

☐ Mail _____ to my current address ☐ Mail _____ to the additional addresses below

_____ _____

_____ _____

_____ _____

_____

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 Nursing.

☐ Debit/ Credit ☐ Payment Upon Pick-Up

_____

Credit Card Number Expiration Date VCode

_____

Billing Zip Code Name on Card Authorization Signature

Office Use:

Date received:_____ Payment Type_____Amount Paid_____ Date Sent:_____ Completed By:_____

Covenant School of Nursing and Allied Health 1919 Frankford Ave, Lubbock, Texas 79407 Phone: 806-725-8912 Fax:806-793-0720
veronica.york@stjoe.org or shendrix@covhs.org