

MEMBERS:

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CARLTON LAFRANCE, District 6
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Plaquemines Parish School Board

Woodland Office

1484 WOODLAND HIGHWAY
P.O. BOX 69 ~ BELLE CHASSE, LA 70037-0069
Phone (504)-595-6400 ~ FAX (504) 398-9990
www.ppsb.org



Denis A. Rousselle
Superintendent

*To enter data on this form, highlight each field and begin typing.
To select a check box, double-click and select Checked on the menu box.*

REQUEST FOR HIGH SCHOOL DUPLICATE TRANSCRIPTS AND/OR REISSUED DIPLOMAS

(For a copy of GED Score/Diploma, **DO NOT COMPLETE THIS FORM.** Please contact the Division of Dropout Prevention, Adult and Family Services at 225-922-2800.)

<input type="checkbox"/> Reissued Diplomas (\$10.00* each) will be signed by the current PPSB Superintendent, PPSB School Board President, the Director of Secondary Education as Principal, and then mailed to the address(es) indicated below. <input type="checkbox"/> Graduate's Mailing Address <input type="checkbox"/> Other Mailing Address <input type="checkbox"/> Pick up from PPSB Woodland Office Number of Diplomas Requested: _____	<input type="checkbox"/> Duplicate Transcripts (\$2.00* each) will be mailed to the address(es) indicated below. <input type="checkbox"/> Graduate's Mailing Address <input type="checkbox"/> Other Mailing Address <input type="checkbox"/> Pick up from PPSB Woodland Office Number of Transcripts Requested: _____
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*** Only Money Orders and Cashier Checks made payable to Plaquemines Parish School Board will be accepted.** Cash and personal checks **are not** accepted. If you are requesting more than one of these items, you may combine the fees and submit one payment for the total amount. **Fees are nonrefundable.**

PRINT or TYPE the following information:

Student's Current Name (First, Middle, Last) _____

_____ Date of Birth (Month, Day, Year)

_____ Student's Name When She/He Graduated (First, Middle, Last)

_____ Social Security Number

_____ Month & Year of Graduation

_____ Name of High School

_____ School Location (Parish & City)

Please read the top of the form carefully and provide the proper addresses.	
Graduate's Mailing Address: _____ _____ _____ _____ _____	Other Mailing Address: Name of Company, Institution, etc.: _____ Attn: _____ _____ _____

Return this completed form, copy of either a driver's license or other state-issued ID, and the appropriate fee(s) to:

Signature of Graduate

Today's Date

Phone Number

Plaquemines Parish School Board
District Registrar, Room 309
1484 Woodland Highway
Belle Chasse, LA 70037

"An Equal Opportunity Employer"