



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

REQUEST FOR HIGH SCHOOL DUPLICATE TRANSCRIPTS AND/OR REISSUED DIPLOMAS

For Graduates of Plaquemines Parish from 2004 to Present ONLY

For all other diploma/transcript requests please contact the LDOE at 877-453-2721 or visit
<http://www.louisianabelieves.com/courses/duplicate-transcripts>

(For a copy of GED Score/Diploma, **DO NOT COMPLETE THIS FORM.** Please contact the Louisiana Community and Technical College – LCTCS, 225-922-2800, www.lctcs.edu)

<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.**

Please allow 7 to 10 business days for processing.

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: Name:	Other Mailing Address: Name of Company, Institution, etc.:
Address:	Attn:
City, State, Zip	Address
	City State Zip

Signature of Graduate _____

Return:

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

Today's Date
Phone Number

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

"An Equal Opportunity Employer"