

**ST. JAMES PARISH PUBLIC SCHOOL SYSTEM**

**REQUEST FOR HIGH SCHOOL DUPLICATE TRANSCRIPTS AND/OR REISSUED DIPLOMAS**

**Please check the appropriate request**

<input type="checkbox"/> <input type="checkbox"/> <b>Reissued Diplomas (\$10.00* each)</b> can be picked up or mailed to the address (es) indicated below after signatures are obtained.  <input type="checkbox"/> Graduate's Mailing Address <input type="checkbox"/> Other Mailing Address <input type="checkbox"/> Pick up from SJPSB Office Number of Diplomas Requested: _____	<input type="checkbox"/> <input type="checkbox"/> <b>Duplicate Transcripts (\$2.00* each)</b> can be picked up or mailed to the address (es) indicated below after processed.  <input type="checkbox"/> Graduate's Mailing Address <input type="checkbox"/> Other Mailing Address <input type="checkbox"/> Pick up from SJPSB Office Number of Transcripts Requested: _____
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**Only Money Orders or Cashiers Checks made payable to St. James Parish School Board will be accepted.** If you are requesting more than one of these items, you may 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)
Signature of Graduate	Contact number (including area code)	Date

<b>Graduate's Mailing Address:</b>	<b>Other Mailing Address:</b>
	Name of Company or Institution, etc.          Attention:

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

**St. James Parish School Board  
 Student Services Department  
 1876 West Main Street  
 P. O. Box 338  
 Lutcher, LA 70071**

<b>Signature of Person Picking Up Diploma/Transcript</b>	<b>Date</b>
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