## ST. JAMES PARISH PUBLIC SCHOOL SYSTEM

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

## Please check the appropriate request

Signature of Person Picking Up Diploma/Transcript	Date
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	
	Attention:
Graduate's Mailing Address:	Other Mailing Address:  Name of Company or Institution, etc.
Signature of Graduate	Contact number (including area code)  Date
Month & Year of Graduation  Name of High S	
Student's Name When She / He Graduated (First, Middl	le, Last) Social Security Number
Student's Current Name (First, Middle, Last)	Date of Birth (Month, Day, Year)
If you are requesting more than one of these items, you may submit one payment for the total amount. <b>Fees are nonrefundable. PRINT OR TYPE the following information:</b>	
Only Money Orders or Cashiers Checks made payab	le to St. James Parish School Board will be accepted.
Number of Diplomas Requested:	Number of Transcripts Requested:
☐ Pick up from SJPSB Office	☐ Pick up from SJPSB Office
<ul><li>☐ Graduate's Mailing Address</li><li>☐ Other Mailing Address</li></ul>	<ul><li>☐ Graduate's Mailing Address</li><li>☐ Other Mailing Address</li></ul>
signatures are obtained.	processed.
or mailed to the address (es) indicated below after	up or mailed to the address (es) indicated below after
☐ Reissued Diplomas (\$10.00* each) can be picked up	☐ ☐ Duplicate Transcripts (\$2.00* each) can be picked