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- DANIEL MORRILL, District 2
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- FRAN BAYHI-MARTINEZ, District 6
- CARLTON LAFRANCE, District 7
- PAUL W. LEMAIRE, District 8
- CHUCK SOILEAU, District 9

# 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](http://www.ppsb.org)



Denis A. Rousselle  
 Superintendent

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

*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](http://www.lctcs.edu))*

<input type="checkbox"/> <b>Reissued Diplomas (\$10.00*</b> 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"/> <b>Duplicate Transcripts (\$2.00*</b> 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.	
<b>Graduate's Mailing Address:</b> _____ _____ _____ _____	<b>Other Mailing Address:</b> 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"*