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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

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:	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"