



# St. John the Baptist Parish School Board

Making *A+* Difference

Accountability Assessment Achievement

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

Albert A. Burl, III  
Board President

Russell Jack  
Vice-President

Kevin R. George  
Superintendent

**BOARD MEMBERS**

Russell Jack  
District No. 1  
PO Box 75  
Edgard, LA 70049  
985-497-8395

Albert A. Burl, III  
District No. 2  
PO Box 593  
Garyville, LA 70051  
504-628-0010

Gerald J. Keller, Ph.D.  
District No. 3  
PO Box 347  
Reserve, LA 70084  
985-536-6570

Patrick H. Sanders  
District No. 4  
137 E. 31<sup>st</sup> Street  
Reserve, LA 780084  
504-628-0306

Sherry DeFrancesch  
District No. 5  
28 Holly Drive  
LaPlace, LA 70068  
504-628-2934

Keith A. Jones  
District No. 6  
PO Box 952  
LaPlace, LA 70068  
985-652-5170

Phillip Johnson  
District No. 7  
1117 Cinclair Loop  
LaPlace, LA 70068  
985-651-4290

Russ Wise  
District No. 8  
2131 Marion Drive  
LaPlace, LA 70068  
985-652-7211

Shawn Wallace  
District No. 9  
1604 Cambridge Drive  
LaPlace, LA 70068  
985-212-5360

Nia Mitchell  
District No. 10  
2105 Greenwood Dr.  
LaPlace, LA 70068  
985-233-1700

Clarence Triche  
District No. 11  
1614 Main Street  
LaPlace, LA 70068  
985-652-6193

Duplicate Transcripts (\$5.00 each) / Duplicate Diploma (\$15.00 each) – Money Order, Debit Card, Credit Card, Company Check made payable to St. John Parish School Board can be accepted. Cash and personal checks **are not** accepted. If you are requesting more than one copy, you may combine total amount and submit one method of payment. Fees are nonrefundable.

I have requested that St. John the Baptist Parish School Board access my records for the purpose of providing a (check the duplicate document being requested):

- Duplicate Transcript     Duplicate Documentation Certificate of Achievement     Duplicate Diploma

I agree that the St. John the Baptist Parish School Board will have access to the following personally identifiable information: Full Name, Social Security Number and Date of Birth.

Indicate below where the transcript is to be mailed.

- Graduate's Mailing Address                       Other Mailing Address

| Please provide proper addresses - <b>Not responsible if illegible.</b> |   |
|--|---|
| Graduate's Mailing Address   | Other Mailing Address:                      |
|  | Name of Company, Institution, etc:<br>_____ |
|  | ATTN: _____                                 |

**PRINT OR TYPE the following information:**

\_\_\_\_\_  
Student's Name When She/He Graduated (First, Middle, Last)                      Date of Birth (Mo/Day/Year)

\_\_\_\_\_  
Social Security Number                      Month & Year of Graduation                      Name of High School

\_\_\_\_\_  
Contact Telephone Number (including area code)

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

**By Mail:** St. John the Baptist Parish School Board  
**ATTN: Duplicate Transcript**  
P. O. Drawer AL                      **OR**  
Reserve, LA 70084

**Hand Deliver:** St. John the Baptist Parish School Board  
**ATTN: Duplicate Transcript**  
118 West 10<sup>th</sup> Street  
Reserve, LA 70084

\_\_\_\_\_  
Signature of Graduate

\_\_\_\_\_  
Today's Date