

## LAFOURCHE PARISH SCHOOL DISTRICT

## REQUEST FOR HIGH SCHOOL DUPLICATE DIPLOMAS/TRANSCRIPTS

Duplicate diplomas/transcripts require a non-refundable processing fee. Money Orders, Cashier Checks, and Company Checks should be made payable to Lafourche Parish School Board. Personal checks are not accepted. Cash payments should be exact – change is not available. If you are requesting more than one item, you may combine the total amount and submit one method of payment. Please allow 14-21 days for processing of duplicate diplomas.

I have requested that Laf $\Box$ Duplicate Diploma (\$1	ourche Parish School District (LP 0.00)		ny records for the purpos nscript (\$5.00)	e of providing:	
_	ve access to the following persor Social Security Number	-	ble information: Birth (DOB)		
I CONSENT to LPSD acce	ssing my personal information li	sted above f	or the purposes stated ab	oove.	
Signature		My Full N	My Full Name (First, Middle, Last)		
Date Indicate below where tl	he diploma/transcript is to be	Email Add	dress		
☐ Graduate's Mailing Address			☐ Other Mailing Address		
		Name o	f Company, Institution, et	C.	
		ATTN:			
Student's Name at time of Graduation (First, Middle, Last) (PLEASE PRINT)		)	Date of Birth (Month, Da	ay, Year)	
Month/Year of Graduatic	on		Social Security Number		
Name of High School			Contact Phone Number	(with area code)	
Return this completed for	m, a copy of either a driver's lice	nse or other s	state-issued ID, and the ap	propriate fee to:	
Lafourche Parish School I Attn: Mindy Roberson PO BOX 879 Thibodaux, LA 70302	Board Physi	ical Address:	Lafourche Parish School ATTN: Mindy Roberson 805 E 7 <sup>th</sup> Street Thibodaux, LA 70301	Board	
OFFICE USE: RECEIVED	) PROCESSED	MAILED		Revised: 06/20/2023	