



TANGIPAHOA PARISH SCHOOL SYSTEM

59656 PULESTON ROAD • AMITE, LOUISIANA 70422

Telephone: (985) 748-7153

<http://www.tangischools.org>

Request for High School Duplicate Diplomas and/or Reissued Transcripts/ Records

<p><input type="checkbox"/> Duplicate Diplomas (\$20.00* each) can be mailed or picked up from your graduating high school. Signatures are required by the current Superintendent and the School Board President. The diploma is then sent to your graduating high school current principal for signature and pickup. This process takes approximately one week to complete.</p>	<p><input type="checkbox"/> Reissued Transcripts/Records (\$5.00* each) can be mailed to the address(es) indicated below or received at time of request.</p> <p style="text-align: center;">PURPOSE FOR WHICH TRANSCRIPT IS NEEDED:</p> <p><input type="checkbox"/> BIRTH CERTIFICATE <input type="checkbox"/> COLLEGE/TECHNICAL COLLEGE <input type="checkbox"/> DRIVERS LICENSE/ID <input type="checkbox"/> OTHER_____</p>
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* **Money Orders, Cashier Checks, Company Checks and Personal Checks** made payable to Tangipahoa Parish School System can be accepted. Cash is accepted **ONLY** in person (**must have correct change**). 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.** Checks must include Address and Phone Number.

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)	

<i>Note: Please provide proper address if diploma is to be mailed by your graduating high school.</i>	
Graduate's Mailing Address:	Other Mailing Address:
<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Name of Company, Institution, etc:</p> <p>_____</p> <p>Attention: _____</p> <p>_____</p> <p>_____</p>

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

Reissued Transcripts & Duplicate Diplomas
Tangipahoa Parish School System
Attention: Gail J. Miller
59656 Puleston Road
Amite, Louisiana 70422

Signature of Graduate _____ Today's Date _____

COMPLETE THIS SECTION IF YOUR ARE AUTHORIZING ANOTHER PERSON TO RECEIVE DIPLOMA/TRANSCRIPT ON YOUR BEHALF

Before me, the undersigned authority, _____, came and appeared before me and indicates that he/she is authorizing to receive an official copy of his/her high school diploma/transcript on his/her behalf.

Sworn to and subscribed before me this day of _____, _____

Notary Public