



St. Charles Parish Public Schools



STUDENT RECORDS REQUEST

To request a transcript or a duplicate diploma, please print and complete this form. Mail, hand-deliver, or fax this form to the address below. Payment (money order) **must** accompany this request or be paid at the time of pick up. We accept all major credit cards online through our payment portal (noted on request website). Money orders/company checks are accepted and must be made payable to St. Charles Parish Public Schools. A copy of the student's State-issue driver's license or ID **must accompany all requests**. Records will be available within 5-7 business days.

_____ **I GRADUATED**

St. Charles Parish Public Schools

Attention: Student Records

13855 River Road

Luling, LA 70070

Fax: (985) 785-9947

Inquiries via Phone: (985) 785-6289

_____ **I DID NOT GRADUATE**

_____ **Transcript** (\$5.00 charge)

_____ **Duplicate Diploma Request** (\$20.00 charge)

Date of Request: _____

Daytime Contact Phone #: () _____

Personal Information:

Student's Name: _____
Last First Middle Maiden

Social Security # _____ Date of Birth: _____
Month/Day/Year

High School Attended: _____
Destrehan, Hahnville, Bethune, Carver

Date of Graduation: _____
or Last Date of Attendance

Method of delivery: (Transcripts can be picked up, faxed, or mailed. Duplicate diplomas must be picked up or mailed)

_____ Will be picked up by: Name of Individual _____ (Photo ID required)

_____ Mail to address: Name of Individual/School/Entity: _____

Mailing Address: _____

City, State, ZIP: _____

_____ Fax to: () _____ (SSN will be redacted except for last 4 digits)

Name of Fax Recipient Individual/School/Entity: _____

I CONSENT to St. Charles Parish Public Schools accessing my personal information listed above for the purposes stated above.

Authorization to release: _____
Student's Signature

_____ Date

Student's Printed Name: _____

Office Use Only: Date Processed: _____ By: _____ Amount Paid: _____