



1600 North 7th Street ◦ West Monroe, Louisiana 71291 ◦ Phone: (318) 432-5000 ◦ www.opsb.net

REQUEST FOR HIGH SCHOOL DUPLICATE DIPLOMA

If you are wanting a transcript or GED/HiSET records, DO NOT USE THIS FORM.

See instructions at https://www.opsb.net/382801_2

<p>I AM REQUESTING:</p> <p><input type="checkbox"/> Reissued Diplomas (\$20.00* each) Diplomas will only be reissued to the graduate, no 3rd party requests. For education verification go to website and follow instructions for transcripts. Fees are nonrefundable.</p>	<p>I NEED MY DOCUMENT(S):</p> <p><input type="checkbox"/> Picked Up (call when ready)</p> <p><input type="checkbox"/> Mailed (provide address below)</p> <p><input type="checkbox"/> Emailed (provide address below)</p> <p><input type="checkbox"/> Faxed (provide number below)</p>	<p style="text-align: center;"><small>DO NOT WRITE IN THIS AREA.</small></p> <p>FOR OFFICE USE ONLY:</p> <p>TOTAL DUE: _____</p> <p>PAID: <input type="checkbox"/> OSP # _____</p> <p>PROC: _____</p> <p>DATE: _____</p>
<p><small>* Pay online at https://osp.osmsinc.com/OuachitaLA/BVModules/ProductTemplates/Bvc2013/Product.aspx?productid=FE901-32. Or scan the code below. Fees are nonrefundable.</small></p>		

PRINT OR TYPE THE FOLLOWING INFORMATION:

Student's Current Name (First, Middle, Last)

Date of Birth (Month, Day, Year)

Student's Name When He/She Graduated (First, Middle, Last)

Full Social Security Number - **REQUIRED**

Name of High School in Ouachita Parish School System

Month & Year of Graduation

PLEASE READ THE TOP OF THE FORM CAREFULLY AND PROVIDE THE PROPER INFORMATION. <u>Not responsible if illegible.</u>	
<p>Mailing Address (if requesting to be mailed) INCLUDE NAME:</p> <p>_____</p> <p>_____</p>	<p>Email Address (if requesting to be emailed):</p> <p>_____</p> <p>Fax Number (if requesting to be faxed):</p> <p>_____</p>

Contact Number in case we need to reach you:
() _____
(Area Code) Phone Number

Due to the confidential nature of the records, Diplomas will only be issued with valid identification (driver's license or other state-issued ID) and signature of graduate. Please allow 7-14 business days for processing. No request will be processed without complete information, payment, copy of identification, and signature.

Signature of Graduate

Return this completed form, copy of ID, and appropriate fees:

Today's Date

IN PERSON AT OPSB (1600 NORTH 7TH STREET, WEST MONROE) OR VIA EMAIL TO COMMUNICATIONS@OPSB.NET



Scan to pay -->>
for Diploma

REQUEST WILL NOT BE PROCESSED WITHOUT COPY OF IDENTIFICATION