

**ALUMNI TRANSCRIPT REQUEST FORM CLASS OF 2003-CURRENT**

**Please PRINT CLEARLY**

*(\*You can also e-mail the following information to [Deborah.Pfeifer@stpsb.org](mailto:Deborah.Pfeifer@stpsb.org))*

Current Name: \_\_\_\_\_

Last Name (if different when attending Salmen): \_\_\_\_\_

Phone #: \_\_\_\_\_

Current **HOME** Address: (include city/state/zip) \_\_\_\_\_

\_\_\_\_\_

Year of Graduation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: XXX-XX-\_\_\_\_\_ (last four digits ONLY)

\_\_\_\_\_ - I will pick up the transcript from Salmen (Hours: M-F 7:00 a.m. to 3:00 p.m.)

\*Summer hours vary – please call 985-643-7359, Ext. 2302 or 2305

**Location to send Transcript: (Please print CLEARLY)**

Fax Number: \_\_\_\_\_ **OR** Email Address: \_\_\_\_\_

Name of College *(or other location you want them sent)*: \_\_\_\_\_

\_\_\_\_\_

College/University/or Location Complete Mailing Address/City/State/Zip Code:

\_\_\_\_\_

\_\_\_\_\_

A copy of your proof of identity (i.e. driver's license) **MUST accompany** your request.  
This may be emailed, faxed or mailed to Salmen's office.

We realize the importance of processing your request as soon as possible. Normal processing time is approximately 72 hours

**QUESTIONS, please contact** The Salmen Registrar at 985-643-7359 Ext. 2302 or Ext. 2305

Or via e-mail at: [\*\*Deborah.Pfeifer@stpsb.org\*\*](mailto:Deborah.Pfeifer@stpsb.org)

**Main Office Fax #: 985-645-8776**

**Salmen High School, 300 Spartan Dr. Slidell, LA 70458**

*Revised: 3/19/26*