



# 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 (cash, check, or money order) **must** accompany this request or be paid at the time of pick up. A copy of the student's driver's license **must accompany all requests**. Records will be available within 5-7 business days. If we are unable to locate immediate local records, we may contact the Louisiana Department of Education on your behalf to complete your request (which may add additional time).

St. Charles Parish Public Schools  
 Attention: Student Records  
 13855 River Road  
 Luling, LA 70070  
 Fax: (985) 785-9947  
 Inquiries via Phone: (985) 785-6289

\_\_\_\_\_ **Transcript** (\$5.00 charge)                      \_\_\_\_\_ **Duplicate Diploma Request** (\$20.00 charge)

Date of Request: \_\_\_\_\_ Daytime Contact Phone #: ( ) \_\_\_\_\_

<b><u>Personal Information:</u></b>			
Student's Name: _____			
Last	First	Middle	Maiden
Social Security # _____		Date of Birth: _____	
		Month/Day/Year	

High School Attended: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_  
 Destrehan, Hahnville, Bethune, Carver 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 and the Louisiana Department of Education (if necessary) accessing my personal information listed above for the purposes stated above.**

Authorization to release: \_\_\_\_\_  
 Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Printed Name: \_\_\_\_\_

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Office Use Only: Date Processed: \_\_\_\_\_ By: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

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