



TANGIPAHOA PARISH SCHOOL SYSTEM
 59656 PULESTON ROAD • AMITE, LOUISIANA 70422
 Telephone: (985) 748-7153
 http://www.tangischools.org

Duplicate High School Diplomas or Transcripts/Family Field Records Request Form

<input type="checkbox"/> High School 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.	<input type="checkbox"/> High School Transcripts/Family Field Records (\$5.00* each) can be mailed to the address(es) indicated below or received at time of request. PURPOSE FOR WHICH TRANSCRIPT IS NEEDED: <input type="checkbox"/> BIRTH CERTIFICATE <input type="checkbox"/> COLLEGE/UNIVERSITY/VO-TECH <input type="checkbox"/> DRIVERS LICENSE/ID <input type="checkbox"/> OTHER _____
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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 not accepted.** 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 During High School (First, Middle, Last)	Social Security Number
Month & Year of Graduation <input type="checkbox"/> Did Not Graduate*	Name of High School and Location
<i>*Please indicate the last year attended</i>	
Home Phone Number: () -	Cell Phone Number: () -

Note: Please provide proper address if diploma is to be mailed by your graduating high school.

Graduate's Mailing Address:	Other Mailing Address:
	Name of Company, Institution, etc:
	Attention: _____

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

Tangipahoa Parish School System
 Curriculum Dept. for Duplicate Diplomas/Transcripts
Attention: Donna Carral
 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
 My Commission Expires _____
 Notary (Affix Seal)