



# St. John the Baptist Parish School Board

118 West 10<sup>th</sup> Street • P.O. Drawer AL • Reserve, Louisiana 70084  
[www.stjohn.k12.la.us](http://www.stjohn.k12.la.us) • PHONE: 985-536-1106 • 1-800-296-1106 • FAX: 985-536-1109

Patrick H. Sanders  
Board President

Kevin R. George  
Superintendent

Sherry DeFrancesch  
Board Vice-President

## REQUEST FOR HIGH SCHOOL DUPLICATE TRANSCRIPTS AND/OR REISSUED DIPLOMAS

Duplicate Transcripts (\$5.00 each) / Duplicate Diploma (\$15.00 each) – Money Order, Debit Card, Credit Card, Company Check made payable to St. John Parish School Board can be accepted. Cash and personal checks **are not** accepted. If you are requesting more than one copy, you may combine total amount and submit one method of payment. Fees are nonrefundable.

I have requested that St. John the Baptist Parish School Board access my records for the purpose of providing a (check the duplicate document being requested):

- Duplicate Transcript    Duplicate Documentation Certificate of Achievement    Duplicate Diploma  
 Education Verification

I agree that the St. John the Baptist Parish School Board will have access to the following personally identifiable information: Full Name, Social Security Number and Date of Birth.

Indicate below where the transcript and/or diploma is to be mailed.

- Graduate's Mailing Address    Other Mailing Address

Please provide proper addresses - <b>Not responsible if illegible.</b>	
Graduate's Mailing Address	Other Mailing Address:
_____	(Name of Company, Institution, Address, etc.) _____
_____	ATTN: _____ _____
Please list fax number to transmit Education Verification:	
ATTN: _____ _____	Fax Number: _____ _____

### PRINT OR TYPE the following information:

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

\_\_\_\_\_  
Date of Birth (Mo/Day/Year)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Month & Year of Graduation

\_\_\_\_\_  
Name of High School

\_\_\_\_\_  
Contact Telephone Number (including area code)

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

**By Mail:** St. John the Baptist Parish School Board  
**ATTN: Duplicate Transcript**  
 P. O. Drawer AL  
 Reserve, LA 70084

**OR**

**Hand Deliver:** St. John the Baptist Parish School Board  
**ATTN: Duplicate Transcript**  
 118 West 10<sup>th</sup> Street  
 Reserve, LA 70084

\_\_\_\_\_  
Signature of Graduate

\_\_\_\_\_  
Today's Date

#### MEMBERS OF THE ST. JOHN THE BAPTIST PARISH SCHOOL BOARD

Charo Holden, District 1  
Albert Burl, District 2

Gerald J. Keller, Ph.D., District 3  
Patrick H. Sanders, District 4

Sherry DeFrancesch, District 5  
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Phillip Johnson, District 7  
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