

# TERREBONNE PARISH SCHOOL BOARD

POST OFFICE BOX 5097, HOUMA, LA 70361

ATTN: CHILD WELFARE AND ATTENDANCE

Phone (985) 876-7400

<https://www.tpsd.org>

## REQUEST FOR HIGH SCHOOL TRANSCRIPTS/GED SCORES

<input type="checkbox"/> <b>Transcripts</b> (\$5.00* each) will be mailed to the address(es) indicated below.
<input type="checkbox"/> <b>GED Scores</b> (\$5.00* each) will be mailed to the address(es) indicated below.
<input type="checkbox"/> <b>Dropout/Inactive records</b> <input type="checkbox"/> <b>ACT scores</b> <input type="checkbox"/> <b>Immunization record</b>
<input type="checkbox"/> Graduate's Mailing Address
<input type="checkbox"/> Other Institution Address

\* **Cash, Money Orders, and Company Checks made payable to the Terrebonne Parish School Board will be accepted.** Personal checks **are 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.**

**PRINT or TYPE the following information:**

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

\_\_\_\_\_  
Date of Birth (Month, Day, Year)

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

\_\_\_\_\_  
Social Security Number (optional)

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

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

\_\_\_\_\_  
School Location (Parish & City)

**Please read the top of the form carefully and provide the proper addresses.**

<b>Graduate's Mailing Address:</b>	<b>Other Mailing Address:</b>
_____ _____ _____ _____ Phone: _____	Name of Company, Institution, etc.: _____ Attn: _____ _____ _____

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

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

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

Terrebonne Parish School Board  
P. O. Box 5097  
Attn: Child Welfare and Attendance  
Houma, LA 70361

*"An Equal Opportunity Employer"*