



Zachary Community School District

3755 Church Street Zachary, Louisiana 70791

(225)658-4969 phone

(225)658-5261 fax

<http://www.zacharyschools.org>

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

(If you received a GED, **DO NOT COMPLETE THIS FORM.** Please contact the Louisiana Department of Education at 1-877-453-2721 for further assistance.)

- Graduating seniors will be able to receive transcript copies from the high school free of charge during the summer following the student's graduation. Beginning the first day of the subsequent school year, all requests for transcripts and diplomas will be processed by the transcript/diploma department for a fee.
- Verifications for employment purposes are done at no cost. However, signed documents stating that information can be released, must be faxed to the school board office at (225) 658-5261.

******TRANSCRIPTS AND VERIFICATIONS WILL BE PROCESSED IN 5 to 10 BUSINESS DAYS.**

******DIPLOMAS WILL BE PROCESSED IN 4 to 6 WEEKS.**

<input type="checkbox"/> Reissued Diplomas (\$15.00* each) will be signed by the current Superintendent, the School Board President, the local high school Principal, and then mailed to the address(es) indicated below. <input type="checkbox"/> Graduate's Mailing Address <input type="checkbox"/> Other Mailing Address	<input type="checkbox"/> Duplicate Transcripts (\$5.00* each) will be mailed to the address(es) indicated below. Number of transcript(s) requested _____ <input type="checkbox"/> Graduate's Mailing Address <input type="checkbox"/> Other Mailing Address
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***Money Orders, Cashier Checks, and Company Checks made payable to Zachary Community School Board.** Cash and 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 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)

Home Telephone Number

Month & Year of Graduation

Name of High School

Social Security Number

Please read the top of the form carefully and provide the proper addresses.	
Graduate's Mailing Address:	Other Mailing Address:
_____ _____ _____ _____	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

Zachary Community School District
 Transcript/Diploma Department
 3755 Church Street
 Zachary, LA 70791

Today's Date

