Transcript Release Form

Calcasieu Parish Schools DeQuincy High School 207 N. Overton St. DeQuincy, LA 70633

\$5.00 Fee

Phone: 337.217.4530 ext. 5439

Fax: 337.217.4534

Requests for transcripts are made to the principal or counselor of the school you last attended. If you graduated from Grand Avenue, contact DeQuincy Middle School at 337-786-3000 for transcript information.

Please Print or Type:						
Student's Current Name (First, Middle, Last) Student's Name When He/She Graduated (First, Middle, Last/Maiden)				Date of Birth (Month, Day, Year) Social Security Number		
Month & Year of Graduation	on	Name of High Sc	hool			
Signature of Graduate						
Today's Date						
Note: Include copy of y	our driver's	s license or other s	state-issued ID v	when requesti	ng a transcrip	it.
The transcript will be maile	ed to graduate	's address listed abov	ve unless indicated	by completing	the information	below:
☐ Please check to indicate	that the trans	cript should be maile	ed to the entity belo	ow <i>ONLY</i> .		
☐ Please check to indicate	that the trans	cript should be maile	ed to both the entity	y below and to	the graduate.	
Name of Company, Institut	ion, etc.:					
Attn:						
Address						
City	St	 Zip				