## **Transcript Release Form**

Calcasieu Parish Schools
Department of Management Information Services
3310 East Broad Street
Lake Charles, LA 70615

Phone: 337-217-4180 Fax: 337-217-4181

Requests for transcripts are made to the principal of the school you last attended. If the school has closed or merged with another school, the MIS office can access the Louisiana Transcript Program to get copies. However, the program that we have access to does not include information for students that received a GED diploma. See the Diploma Release Form for more details about GED scores and diplomas.

Please Print or T	Type:					
Student's Current Name (First, Middle, Last)				Date of Birth (Month, Day, Year)		
Student's Name Whe	en He/She Graduated	l (First, Middle, Last/M	Maiden) Socia	al Security Number		
Student's Current Ac	ldress (Street Name	& Number)	City	State	Zip	
( ) Student's Current Ho	ome Phone Number	( ) Student's Curre	ent Cell Phone Number	-		
Month & Year of Gr	aduation	Name of High Scho	pol			
Signature of Graduat	te					
Today's Date						
Note: Include cop	y of your driver's	s license or other sta	ate-issued ID when r	equesting a transcrip	t.	
The transcript will be	e mailed to graduate'	s address listed above	unless indicated by com	pleting the information b	pelow:	
Please check to in	ndicate that the transo	cript should be mailed	to the entity below <i>ONI</i>	LY.		
		-	to both the entity below			
Name of Company, I	Institution, etc.:					
Attn:						
Address						
City	St	 Zip				