

# 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 Type:

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

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

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

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

\_\_\_\_\_  
Student's Current Address (Street Name & Number)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

( ) \_\_\_\_\_  
Student's Current Home Phone Number

( ) \_\_\_\_\_  
Student's Current Cell Phone Number

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

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

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

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

**Note: Include copy of your driver's license or other state-issued ID when requesting a transcript.**

The transcript will be mailed to graduate's address listed above unless indicated by completing the information below:

Please check to indicate that the transcript should be mailed to the entity below **ONLY**.

Please check to indicate that the transcript should be mailed to both the entity below and to the graduate.

\_\_\_\_\_  
Name of Company, Institution, etc.:

Attn: \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
St

\_\_\_\_\_  
Zip