

Grant Parish Public Schools Student Records Request



To request a transcript or a duplicate diploma, please print and complete this form. Email, mail, or hand-deliver the form to the address below. **Records will be available to pick up two weeks after the date request is received.** Payment in the form of a **money order or cash** must accompany this request or be paid at the time of pick up. A copy of the student's driver's license or state-issued ID must accompany the request for transcripts and duplicate diplomas.

Grant Parish Public Schools Attn: Gwen Mercer P.O. Box 208 Colfax, LA 71417 Phone: (318)-627-3274

gwen.mercer@gpsb.org

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Transcript (\$	2.00 charge)			
Duplicate Di	ploma Request (\$10.0	00 charge)		
Education Vo	erification (NO charge)		
Date of Request:		Daytime Contact Phone: ()		
Student's Name:				
	Last	First	Middle	Maiden
Date of Birth: Last 4 digits of Social Security Numb			cial Security Number:	
N	lonth/Day/Year			
High School Attend	ed:	Date of Graduation or Last Attendance: _		
Method of delivery	:			
Ema	il to this address			
Mail	to this address			
Will be picked up by (Name)				(ID required)
Authorization to re	lease:			
		Signature		Date
Print Name:				
******	*******	*******	********	*******
Office Use Only: Date Received:		By:		
Date Processed:		Bv:	Amt.	Paid: Ś