

ALUMNI TRANSCRIPT REQUEST FORM – UPDATED DUE TO COVID 19

Please PRINT CLEARLY

Current Name: _____

Last Name (if different when attending Salmen): _____

Phone #: _____

Current Address: (include city/state/zip) _____

Year of Graduation: _____ Date of Birth: _____

Social Security #: XXX-XX-_____

_____ - I will pick up the transcript from Salmen (Hours: M-F 7:00 a.m. to 3:00 p.m.)

*Summer hours vary – please call 985-643-7359 (**Office could be closed due to Covid 19**)

Location to send Transcript: (Please print CLEARLY)

Fax Number: _____

Name of College (or other location you want them sent): _____

Complete Mailing Address/City/State/Zip Code:

A copy of your proof of identity (i.e. driver's license) **MUST accompany** your request. This may be emailed, faxed or mailed to Salmen's office. (***See note below**)

We realize the importance of processing your request as soon as possible. Normal processing time is approximately 48 hours. **Processing time may take longer if schools are closed due to Covid 19. Best way to get a transcript is via e-mail as indicated below.**

QUESTIONS, please contact Cindy Boudreau – Salmen Registrar at 985-643-7359 Ext. 2302

Or via e-mail at: Cynthia.Boudreau@stpsb.org. ***Best way to request is via E-mail**

Main Office Fax #: 985-645-8776 (*if schools are closed we do NOT have access to fax machine)

Salmen High School, 300 Spartan Dr. Slidell, LA 70458

Revised: 1/5/2021