

TRANSCRIPT REQUEST FOR PAST GRADUATES

Please PRINT CLEARLY

Current Name: _____

Last Name (if different when attending Salmen): _____

Phone #: _____

Current Address: _____

Year of Graduation: _____

Date of Birth: _____

Social Security #: _____

Location to send Transcript:

Fax Number: _____

Name of College (if mailing to a college) _____

Mailing Address: _____

(*include 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.

We realize the importance of processing your request as soon as possible. Normal processing time is about 2 days.

*A request for a duplicate High School Diploma is also available. **Cost is \$10.00.** A transcript must be researched prior to submitting an order for the diploma – processing time approximately 2 weeks. Please contact us directly by telephone for this service.*

QUESTIONS, please contact: Cindy Boudreau – Salmen Registrar at 985-643-7359

Ext. 2302 or via e-mail at: Cynthia.Boudreau@stpsb.org.

Main Office Fax #: 985-645-8776

Salmen High School

300 Spartan Dr.

Slidell, LA 70458