

**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 #: XXX-XX-\_\_\_\_\_

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

**Location to send Transcript:** *(Please print CLEARLY)*

Fax Number: \_\_\_\_\_

Name of College *(or other location you want them sent)*: \_\_\_\_\_

\_\_\_\_\_

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.

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

**QUESTIONS, please contact:** Cindy Boudreau – Salmen Registrar at 985-643-7368  
or via e-mail at: [Cynthia.Boudreau@stpsb.org](mailto:Cynthia.Boudreau@stpsb.org).

**Main Office Fax #: 985-645-8776**

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

*Revised: 5/24/18*