

# Bienville Parish School Board

## Request for High School Duplicate Transcripts

I am requesting that the Bienville Parish School Board (BPSB) access my records for the purpose of providing a (check the duplicate document being requested):

Duplicate Transcript

Duplicate Documentation Certificate of Achievement

I agree that the BPSB will have access to the following personally identifiable information:

Full Name, Social Security Number, Date of Birth

I consent to the BPSB accessing my personal information listed above for the purposes stated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
My Full Name (please print – First, Middle, Last)

\_\_\_\_\_  
Date

Indicate below where the transcript is to be mailed.

Graduate's Mailing Address

Other Mailing Address

Please read the top of the form carefully and provide the proper addresses. (Not responsible if illegible)

Graduate's Mailing Address

Other Mailing Address

PRINT or TYPE the following information:

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

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

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

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

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

\_\_\_\_\_  
School Location (Parish & City)

\_\_\_\_\_  
Contact Phone Number (Including area code)

Return completed form and a copy of either a driver's license or other state-issued ID to:

Bienville Parish School Board  
Attn: Transcript Request  
PO Box 418  
Arcadia, LA 71001

Physical Address: Bienville Parish School Board  
Attn: Transcript Request  
1956 1<sup>st</sup> Street  
Arcadia, LA 71001

*Notice: The Bienville Parish School Board releases student records in accordance with the CFR 34.99, Family Educational Rights and Privacy Act (FERPA) which does not require immediate release of copies of student transcripts. Requests are processed within 45 business days.*

Revised 01/25/19