WASHINGTON PARISH SCHOOL SYSTEM

P.O. Box 587
Franklinton, LA 70438
(985) 839-3436 Fax# (985) 839-3433

Records Release Request

Request must be submitted in person, via fax, or mail ONLY. Requests submitted by call or email will not be honored.

Date: _____ Phone: _____

Name (at graduation): _____
First Middle Last

Date of Birth: _____ Graduation Date: _____

Graduating High School: _____

Record requesting:

☐ Transcript ☐ Duplicate Diploma Other: _____

Signature (required): _____

Delivery Method

☐ Mail record to:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

☐ Fax record to:

Fax #: _____

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FOR OFFICE USE ONLY

Request completed on: _____ By: _____