

LAFAYETTE PARISH SCHOOL SYSTEM

Student Services

P. O. Drawer 2158 Lafayette, LA 70502-2158
(337) 521-7076 (337) 521-7078 Fax

STUDENT RECORDS REQUEST

DATE: _____

NAME: _____ MAIDEN: _____

D.O.B.: _____ SOCIAL SECURITY #: _____

LAST PUBLIC SCHOOL ATTENDED IN LAFAYETTE PARISH: _____

GRADUATION YEAR: _____ WITHDRAWAL YEAR: _____

GED YEAR: _____ PHONE: _____ OTHER: _____

DOCUMENT REQUESTED: _____
(Ex.: transcript, immunization, all records)

MAIL TO: _____

REQUESTED BY: _____
(Signature of student/legal guardian or signed release required)

ADDRESS: _____
(Street, Apt. #, P.O. Box)

(City, State, Zip Code)

OFFICE USE ONLY

FEE & SIGNED RELEASE WILL BE MAILED: _____

ROLL #: _____ COMPUTER: _____ # COPIES: _____ BY: _____

PAID: _____ DATE MAILED: _____ FAXED: _____

1ST NOTICE: _____ 2ND NOTICE: _____ 3RD NOTICE: _____