

MANDEVILLE HIGH SCHOOL
#1 SKIPPER DRIVE
MANDEVILLE, LA 70471
(985) 626-5225
TRANSCRIPT REQUEST FORM

DATE: _____

NUMBER OF TRANSCRIPTS REQUESTED: _____

STUDENT'S NAME AT TIME OF GRADUATION:

(MAIDEN NAME IF APPLICABLE)

PHONE #: (_____) _____ YR OF GRADUATION _____

Signature (required)

Print complete name and address of the college or destination
transcript is to be mailed, including zip code.

MAIL TO: _____

**A copy of your driver's license or picture ID is
required.**

Transcript fee is \$1.00 per transcript, payable to Mandeville High,
upon request.

Please mail this form, a copy of your picture ID and your payment
to the address listed above.