

RECORDS REQUEST

Please mail to:
MONROE CITY SCHOOL BOARD
Phone: (318) 325-0601 Fax: (318) 812-3604
2006 Tower Drive
Monroe, LA 71201
ATTN: Records Request

Today's Date: _____

Pick-up Mailed Faxed

Fee must be paid at time of request: (Cash, Money Order or Cashier's check)

Please allow five (5) working days for processing.

Part I:

Please check one:

Diploma & Transcript <input type="checkbox"/>	Transcript ONLY <input type="checkbox"/>	ACT Scores <input type="checkbox"/>	Verification of Age <input type="checkbox"/>	GED/HiSET <input type="checkbox"/>
\$20.00	\$5.00	\$5.00	\$5.00	Contact DOE

Signature _____

Phone _____

Name as registered in school _____
First Middle Maiden Last

Date of Birth: _____ Year Dropped _____

Enter year of: Graduation _____ Year of GED/HiSET _____

Last school attended _____ SSN# _____

Address to be mailed _____

Part II: *ONLY Complete lines below for Verification of Age, Birth Certificate, Passports, etc:*

Place of Birth _____

Race: _____

Parents' Name: Father _____ Mother (Maiden Name) _____

School(s) attended 1st – 5th grade _____

Monroe City School Board Custodian of Records:
Sam Moore, Superintendent
2006 Tower Drive
Monroe, LA 71201