



REQUEST FOR COPY OF HIGH SCHOOL EQUIVALENCY TRANSCRIPT SCORES

Please provide the following information:

Present name:	
Name at time of testing:	
Date of Birth:	Social Security Number:
High School through which Equivalency Diploma was issued (if applicable):	
Year Tested:	Year diploma was received:
Were you in the military at the time of testing, or were you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where did you test? _____	
Were you a LA citizen at the time of testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you incarcerated at the time of testing? <input type="checkbox"/> Yes _____ <input type="checkbox"/> No Name of Facility _____	

Signature:	_____
Telephone: () _____	Email: _____

Please return request via fax, email or mail to:

FAX: 225.922.1203

EMAIL: rwhite@lctcs.edu

**MAIL: LCTCS
WorkReady U
265 South Foster Drive
Baton Rouge, LA 70806**

****Requests are processed in the order received.***

**Telephone: 225.922.2800
225-308.4394**

Contact the Louisiana Department of Education at 1.877.453.2721 for regular high school diploma records.

Transcript results can only be mailed from this office.

Please list the address(es) where the information should be mailed.

- 1) _____

- 2) _____

