

**There is no charge for transcripts.**

If sending a written request via letter or fax, you **MUST** include the following information:

1. Complete current name (also, if different, your name while attending E. D. White)
2. Social Security number (or student ID number, if different)
3. Date of birth
4. Daytime phone number or e-mail address where you can be reached
5. Name and address of where (or fax number and name of person to whom) the transcript is to be sent
6. Purpose of the request
7. **Your signature**

Letter requests should be addressed to:

E. D. White Catholic High School  
Counseling Center, Attn: Transcript Request  
555 Cardinal Dr.  
Thibodaux, LA 70301

Fax requests should be sent to (985) 448-1275.

Email requests should be sent to [cbourgeois@htdiocese.org](mailto:cbourgeois@htdiocese.org).

Transcripts are usually issued up to four working days after requests are received. End-of-semester transcripts may take longer.

Transcripts will only be released if all financial obligations have been met.

Transcript Request Form

To request a transcript, please print and complete the following form. After completing **all** fields, sign and date the form, then mail or fax (no cover sheet necessary) the form to the Counseling Center. Please allow 2-3 business days for processing.

E. D. White Catholic High School  
Counseling Center  
555 Cardinal Dr.  
Thibodaux, LA 70301

Fax: (985) 448-1275  
Phone: (985) 447-2833

Name:  
Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle/Maiden: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Daytime Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address (Optional): \_\_\_\_\_

Purpose of Request: \_\_\_\_\_

Please send (**check only one**):

- Official Academic Transcript
- Last Report Card
- Letter of Good Standing

Please send (**check only one**):

- Now
- After Current Semester Final Grades are Posted
- After Graduation

Please mail \_\_\_\_\_ copies of the above to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_