



REQUEST FOR DIPLOMA

- Duplicate*
- Mid-term Graduate
- Summer Graduate
- Core 4
- Basic
- Career
- Regular (prior to 2013)
- Certificate of Achievement

Student's Name: _____
Please print clearly

Name on Diploma: _____
(if different from above) Please print clearly

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alt. Phone: _____

Identification: XXX-XX-_____ School Graduated/Graduating from: _____

Date of Graduation (mm/dd/yyyy): _____ Graduation Verified: Yes No

Verified by: _____ Position/Title: _____

Approved by: _____ Date: _____
(Principal, Asst. Principal)

For Office Use Only:

Date Diploma requested: _____ Received: _____

Mailed Picked Up Date: _____

Please fax the completed form to the Curriculum and Instruction Dept., 898-6407

***Duplicate Diploma cost: \$10.00**