

## DIPLOMA REQUEST FORM

Student's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Approximate Dates of Attendance: \_\_\_\_\_

Program Attended: \_\_\_\_\_

Request made: \_\_\_\_\_ In Person \_\_\_\_\_ By Letter

Print name EXACTLY as it is to appear on the diploma:

\_\_\_\_\_

Mail to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby authorize this school to release my school records to me, potential employers and/or other educational institutions.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Processed by: \_\_\_\_\_

Date \_\_\_\_\_