

## REQUEST FOR DIPLOMA

RISH PUBLIC SCHOOLS	<b>Choose One</b>	Choose One	
	☐ Duplicate*	☐ Basic	LEAP Connect
	<ul><li>☐ Mid-Term Graduate</li><li>☐ Summer Graduate</li></ul>	<ul><li>☐ Career</li><li>☐ Certificate of Achievement</li></ul>	Regular (Prior to 2013)  TOPS Tech
	Summer Graduate	Core 4	☐ TOPS University
Student's Name:			
		Please print clearly	
	,	New years and a set	
(if different from above)	ŀ	Please print clearly	
Address:			
City:		_State:Zip: _	
Home Phone:		_Alt. Phone:	
Identification: XXX	-XX School Gradu	ated/Graduating from:	
Date of Graduation (	mm/dd/yyyy):	Graduation Verified:	s 🗆 No
Verified by:		Position/Title:	
Approved by:		Date:	
(Principal, Asst. Princi	pal)		
* * * * * * *	* * * * * * * * * * * * * * * * * * * *	********	* * * * * * * * * *
For Office Use Only	v		
Date Diploma reques	sted:	Received:	
☐ Mailed/Sent by C	ourier ☐ Picked Up	Date:	

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

\*Duplicate Diploma cost: \$10.00