Order Form

Certificate of Graduation

DUE: APRIL 15, 20__

_____ _____

School Teacher

Issue date you want to appear on your diplomas (could be graduation date or last day of school):

_____ Date you plan to have graduation: _____

PLEASE TYPE OR PRINT CLEARLY, MAKING SURE NAMES ARE SPELLED CORRECTLY. In order to facilitate the correct spelling the first time, please have the student initial their approval in the second column. The principal also needs to initial their approval, thus indicating they agree with the spelling by also checking the application.

STUDENT NAME AS IT WILL APPEAR ON CERTIFICATE	STUDENT APPROVAL	PRINCIPAL APPROVAL