



**TRACY HIGH SCHOOL
DIPLOMA REQUEST FORM**

TODAY'S DATE: _____ YEAR OF GRADUATION: _____

1. LEGAL NAME USED IN HIGH SCHOOL: _____

2. CURRENT NAME: _____

3. MAILING ADDRESS: _____

4. TELEPHONE: _____

5. E-MAIL: _____

PLEASE SELECT ONE:

CAHSEE DIPLOMA (GRAD DATE WILL BE 1/1/16)

REPLACEMENT DIPLOMA

**(THERE IS A \$35.00 CHARGE FOR REPLACEMENT DIPLOMAS – PAYABLE
AT THE BOOKKEEPER'S OFFICE)**

PLEASE NOTE: ALLOW 4 - 8 WEEKS TO RECEIVE DIPLOMA

FOR OFFICIAL USE ONLY:

Copy of transcript attached with grad status

Registrar verification signature: _____

Bookkeeper Paid Receipt #: _____

Date Diploma Ordered: _____

Date Diploma Mailed: _____
