

DIPLOMA REQUEST

Please print and complete in full

FULL NAME WHEN IN SCHOOL	_____		
	LAST NAME,	FIRST NAME	MIDDLE INITIAL
DATE OF BIRTH	_____	PLACE OF BIRTH	_____
	MONTH/ DAY/ FULL YEAR		CITY, STATE
PARENT/ LEGAL GUARDIAN NAME	_____ (FATHER, MOTHER OR LEGAL GUARDIAN - WHICHEVER APPLIED IN SCHOOL)		
NORFOLK PUBLIC SCHOOLS ATTENDED	_____		_____
	NAME OF HIGH SCHOOL		YEAR GRADUATED
PRESENT NAME	_____		
	LAST NAME,	FIRST NAME	MIDDLE INITIAL
TELEPHONE NUMBER (S)	() _____	() _____	
I WOULD LIKE TO PICK UP DIPLOMA <input type="checkbox"/>	MAILING ADDRESS WHERE DOCUMENT WILL BE SENT	_____	
I WOULD LIKE IT MAILED <input type="checkbox"/>		_____ _____	
<p>AUHDORIZATION NOTIFICATION: I HEREBY AUTHORIZE The Records Management Departmet of Norfolk Publick Schools to release information concerning my records. I understand that the recipient of the records (s) will use said documents (s) for legitimate interests only and that the information obtained therein shall not be further transferred or communicated to any other part or agaency without my expressed written consent except under authority of Public Law 93-380, Education Rights and Privacy Act. (PHOTO ID IS REQUIRED)</p> <p>SIGNATURE: _____</p>			

PLEASE ALLOW A MINIMUM OF 4 TO 8 WEEKS FOR PROCESSING (MANY REQUESTS MAY REQUIRE ADDITIONAL TIME)