



DIPLOMA / CERTIFICATE TO BE ISSUED (check appropriate box)

State Form 47944 (11-96)

High School Diploma G.E.D. Diploma Vocational Certificate Vocational Area

Student's name as is to be printed on diploma / certificate (please print)					
Date to be printed on diploma / certificate (month, day, year)		Total hours accrued		DOC number	
Signature of person preparing request				Date signed (month, day, year)	
Recorded Cum. Card and Master File and sent to be printed	Returned to Education Office for signature	<input type="checkbox"/> Photocopy made Both mailed to Superintendent for signature	Returned to Education Office	Issued (note details)	
				Date mailed (mo., day, yr.)	Date given (mo., day, yr.)
Date (month, day, year)	Date (month, day, year)	Date (month, day, year)	Date (month, day, year)	Given by:	



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