FORMER GRADUATE DIPLOMA ORDER FORM

Hononegah Community High School

- Once a student is 18 years of age, marries, enters military service, graduates from high school or is emancipated **ONLY THE STUDENT** may request records per Illinois School Law Sec 7:210
- A **VALID ID** must be shown/submitted along with this request in order for the request to be processed.
- **There is a $50.00 fee per diploma with cover, payable at the time of request** (CASH, CHECK, MONEY ORDER, MASTERCARD, VISA OR DISCOVER **ONLY**)
- **Diplomas require up to an eight week turnaround time. These must be ordered and processed through a third party.**

Name: _____ Today's Date:_____

Maiden Name or other name used while in high school: _____

Year of Graduation (ie: 1999): _____ Date of Birth: _____

Would you prefer to **pick up** your records? YES NO

If so, please list anyone **other than yourself** who may pick up diploma: (photo I.D. will be required)

OR

Mail to: _____

Address: _____

City, State & Zip Code: _____

Name as it should appear on diploma (This must be your name as it appeared on your legal document while you attended high school.) - **PLEASE PRINT CLEARLY**:

_____

PLEASE NOTE: ALL ITEMS NOT PICKED UP WITHIN THREE MONTHS OF THE ORIGINAL REQUEST DATE WILL BE DESTROYED AND A REFUND WILL NOT BE GIVEN FOR ANY REASON.

If questions arise you can contact me at:

Email: _____

Phone: _____

Signature: _____

Send completed form & payment to:

Hononegah Community High School
Attn: Registrar
307 Salem Street Rockton, IL 61072

Email: recordrequest@hononegah.org

Number of copies: _____ ORDER TOTAL: $_____

Card Holder Name: (Please print)_____

Card Number | | | | | | | | | | | | | | | | Exp. Date | | | | |

Billing zip code | | | | | |

Card Holder Signature:_____

Office Use Only:
Check/Cash/CC_____ Total Paid_____ Date_____ Received by_____

Picked up by:_____ Date:_____