

# 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: \_\_\_\_\_

Number of copies: \_\_\_\_\_

Card Holder Name: (Please print) \_\_\_\_\_

Card Number                      Exp. Date

Billing zip code

Card Holder Signature: \_\_\_\_\_

**Send completed form & payment to:**

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

Email: [recordrequest@hononegah.org](mailto:recordrequest@hononegah.org)

ORDER TOTAL: \$ \_\_\_\_\_

Office Use Only: Check/Cash/CC _____ Total Paid _____ Date _____ Received by _____
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**Picked up by:** \_\_\_\_\_ **Date:** \_\_\_\_\_