

FORMER GRADUATE DIPLOMA ORDER FORM

Hononegah Community High School

- **ONLY THE STUDENT** may request their diploma.
- **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 (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:

Send completed form & payment to:

Email: _____

Hononegah Community High School

Attn: Registrar

Phone: _____

307 Salem Street Rockton, IL 61072

Fax: 815-624-5028 OR

Signature (**Required**): _____

Email: nali@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:** _____