

# 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)

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**OR**

**Mail to:** \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Name as it should appear on diploma (PLEASE PRINT CLEARLY):

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**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

Phone: \_\_\_\_\_

Attn: Registrar

307 Salem Street Rockton, IL 61072

Fax: 815-624-5028 OR

Signature (**Required**): \_\_\_\_\_

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

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

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

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

Card Number 

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 Exp. Date 

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Billing zip code 

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

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