

DIPLOMA REQUEST

Please print and complete in full

FULL NAME WHEN IN SCHOOL	<div>LAST NAME, FIRST NAME MIDDLE INITIAL</div>		
DATE OF BIRTH	<div>MONTH/ DAY/ FULL YEAR</div>	PLACE OF BIRTH	<div>CITY, STATE</div>
PARENT/ LEGAL GUARDIAN NAME	<div>(FATHER, MOTHER OR LEGAL GUARDIAN - WHICHEVER APPLIED IN SCHOOL)</div>		
NORFOLK PUBLIC SCHOOLS ATTENDED	<div>NAME OF HIGH SCHOOL</div>		<div>YEAR GRADUATED</div>
PRESENT NAME	<div>LAST NAME, FIRST NAME MIDDLE INITIAL</div>		
TELEPHONE NUMBER (S)	<div>()</div>	<div>()</div>	
I WOULD LIKE TO PICK UP DIPLOMA <input type="checkbox"/>	MAILING ADDRESS WHERE DOCUMENT WILL BE SENT	<div></div>	
I WOULD LIKE IT MAILED <input type="checkbox"/>		<div></div>	
<div>AUthORIZATION NOTIFICATION: I HEREBY AUTHORIZE The Records Management Departmet of Norfolk Publick Schools to release information concerning my records. I understand that the recipient of the records (s) will use said documents (s) for legitimate interests only and that the information obtained therein shall not be further transferred or communicated to any other part or agaency without my expressed written consent except under authority of Public Law 93-380, Education Rights and Privacy Act. (PHOTO ID IS REQUIRED)</div> <div>SIGNATURE: <div></div></div>			

PLEASE ALLOW A MINIMUM OF 4 TO 8 WEEKS FOR PROCESSING (MANY REQUESTS MAY REQUIRE ADDITIONAL TIME)