

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

Records Management Dept. 817 Bill Beck Boulevard, Kissimmee, Florida 34744 Phone (407) 870-4605
REPLACEMENT HIGH SCHOOL DIPLOMA ORDER FORM

Date _____

ALLOW 6-12 WEEKS TO PRINT

Please return the following to the address above:

1. Fully completed **FORM**
2. **MONEY ORDER** in the amount of **\$35** made payable to: **THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FL** (cash or personal checks **not** accepted) **Prices valid for 30 days**
3. A copy of **PICTURE IDENTIFICATION** (valid driver's license or passport)

PRINT First name Middle name Last name to be printed on diploma (Must be legal name used at high school graduation)

Address (Diploma will be sent certified mail to this address, if outside local area)

City State Zip Code () Student Phone number

Email: _____ Date of Birth: _____ Last four digits of Social Security Number: _____

Name of Osceola School Graduated From: _____ **Year of Graduation:** _____

My signature indicates that I understand and accept that the replacement diploma will have the signatures of the **current** representatives of The School District of Osceola County – Superintendent, School Board Member(s), Principal, as applicable to each high school.

Student Signature _____ Date _____

SCHOOL DISTRICT USE ONLY:

Graduation verified by: _____ Diploma Company: _____

School _____ Graduation Date _____ Date Payment Received _____

Money Order # _____ SDOC Receipt # _____ Date Diploma Received _____

Date Student Notified _____ Date Mailed Certified _____

Date Picked-up _____ Student Signature _____