



**TRACY HIGH SCHOOL
DIPLOMA REQUEST FORM**

TODAY'S DATE: _____ DATE OF BIRTH: _____ GRAD DATE: _____

1. LEGAL NAME USED IN HIGH SCHOOL: _____

2. CURRENT NAME: _____

3. MAILING ADDRESS: _____

4. TELEPHONE: _____

5. E-MAIL: _____

PLEASE SELECT ONE:

CAHSEE DIPLOMA (GRAD DATE WILL BE 1/1/16)

REPLACEMENT DIPLOMA

**(THERE IS A \$50.00 CHARGE FOR REPLACEMENT DIPLOMAS – CASHIERS CHECK
OR MONEY ORDERS ONLY- PAYABLE TO TUSD)**

PLEASE NOTE: ALLOW 4 - 8 WEEKS TO RECEIVE DIPLOMA

FOR OFFICIAL USE ONLY:

Registrar verification signature: _____

Bookkeeper Paid Receipt #: _____

Date Diploma Ordered: _____

Date Diploma Mailed: _____
