



ARCHBISHOP RIORDAN HIGH SCHOOL

175 Frida Kahlo Way, San Francisco, CA 94112

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OFFICIAL DIPLOMA REQUEST—ALUMNUS

DATE OF REQUEST: _____

STUDENT NAME: _____

PHONE NUMBER: _____

EMAIL: _____

GRADUATION YEAR: _____

**THERE IS A \$40.00 PROCESSING FEE FOR EACH OFFICIAL DIPLOMA REQUEST.
PAYMENT MUST BE SUBMITTED TO THE REGISTRAR AT THE TIME OF REQUEST.
ONLINE ORDERS & PAYMENT CAN BE SUBMITTED ON PARCHMENT.COM**

I request that my Official Diploma be sent to:

Complete Name & Address: _____

Please allow up to 3-4 weeks for processing and mailing.

I authorize *Archbishop Riordan High School* to release a copy of my Official Diploma to the above named school or institution.

Signature: _____

FOR OFFICE USE ONLY:

\$40.00 FEE COLLECTED: _____

DATE SENT: _____ BY: _____

DELIVERED TO STUDENT: _____