

VETERANS DIPLOMA

E 6146.12

**COLTON JOINT UNIFIED SCHOOL DISTRICT
Veterans Diploma Application**

Name of Student/Veteran: _____

Date of Birth: _____ Expected Graduation Year: _____

Name and Date of Last School Attended: _____

Name of Applicant (if different): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ email: _____

Branch of Service: _____ Terms of Service: _____

Honorably Discharged: Yes No Unsure (Proof required)

I ATTEST TO THE ACCURACY OF THE INFORMATION PROVIDED IN COMPLETING THE APPLICATION FOR A VETERANS DIPLOMA FROM THE COLTON JOINT UNIFIED SCHOOL DISTRICT. I UNDERSTAND THAT IF I AM AWARDED A DIPLOMA BY THE CJUSD BOARD OF EDUCATION I MAY BE ASKED TO ATTEND A CEREMONY FOR THE PRESENTATION OF THE DIPLOMA.

Signature: _____ Date: _____

Signing this application shall serve as an authorization to release information to the Colton Joint Unified School District as necessary to research the records of the applicant named above to verify the information stated. A valid government issued identification card or drivers license is required at time of pick up. If the applicant is different than the graduate, additional documentation such as marriage license, birth certificate or death certificate may be required.

.....
The Board of Education of the Colton Joint Unified School District certifies that the above named individual has met the requirements of Board Policy 6146.12 and grants the status of high school graduate. The diploma shall be awarded from _____ High School, granted for the year of _____.

Clerk of the Board, Colton Joint Unified School District Date