TAMALPAIS UNION HIGH SCHOOL DISTRICT Larkspur, California

REQUEST FOR WAIVER OF GRADUATION REQUIREMENT

Submit this form to the Principal, including a copy of the student's transcript and supporting documents.

Counselor:	School:	Date:
Student:		I. D. #
Date First Enrolled in TUHSD:		
Graduation Requirement:		
Reason for Waiver:		
Parent/Guardian's Signature Or Student's Signature (if 18 or older)		Date:
Counselor's Signature:		Date:
ACTION	Signature	Date:
Request Evaluated by Principal	Signature	Dure.
Recommendation: ☐ Recommend to Board of Trustees ☐ Deny		
Request Received by Asst/Superintendent		
Board of Trustees Action	□ Approve □ Deny	Date:
☐ Copy of this Action Report Sent to Parent/Guardian		
☐ Copy of this Action Report Sent to Counselor		