Manhasset High School Counseling Department Diploma Inscription Form Class of 2026

In the space provided below, please write the name of your child as you wish it to appear on his/her/their high school diploma and in the graduation program. Please return this form along with the Transcript Verification Form, to the Counseling Office by September 19, 2025.

If the form is not returned, your child's name will be inscribed as it appears on the student's permanent record.

Thank you,		
The Counseling Sta	ff	
	ME BELOW AS YOU WISH IT TO AP IENCEMENT PROGRAM.	PEAR ON THE DIPLOMA
First Name	Middle Name or Initial	Last Name
Parent/Guardian Signa	ture Date	