



EDISON ACADEMY MAGNET SCHOOL

Amro Mosaad, *Principal*
Kelly Nakielny, *Assistant Principal*

**COLLEGE READY.
CAREER READY.
LIFE READY.**

Diploma Request Date: _____/_____/_____

Please PRINT the student's name EXACTLY as it should appear on the diploma. (If married, use last name while attending school)

NAME FOR DIPLOMA _____

I hereby authorize the Guidance/CST Department to send a duplicate copy of my diploma to:

Name: _____

Address: _____

City, State & Zip: _____

Signature: _____

Year of Graduation: _____

Email Address: _____

Phone Number: _____

There is a \$15.00 charge (by money order ONLY) required prior to ordering a diploma. Please make money order payable to MCMS.

For office use only: _____pick up _____email _____USPS postal mail