GUIDANCE DEPARTMENT
PLAINVIEW-OLD BETHPAGE JOHN F. KENNEDY HIGH SCHOOL
PLAINVIEW, NEW YORK

HIGH SCHOOL DIPLOMA/CERTIFICATE INFORMATION

And

PERMISSION TO RELEASE SCHOOL RECORD TO SCHOOL, COLLEGE OR FOR EMPLOYMENT

CLASS OF 2027

PRINT NAME AS IT IS TO APPEAR ON THE HIGH SCHOOL DIPLOMA/CERTIFICATE
(Diplomas are legal documents and should reflect Your Legal Name)

First Name _____
(No nicknames please)

Middle Name _____

Last Name _____

I have noted and approve of my child's listing of his/her name as it is to appear on the diploma/certificate. I understand that this diploma/certificate is considered an official school record. I also hereby give permission for an official high school transcript and counselor recommendation (when requested) to be released to colleges, schools or employment for which applications are submitted.

_____ _____
Student Signature Parent Signature

PLEASE SIGN AND RETURN THIS FORM TO GUIDANCE IMMEDIATELY SO THERE WILL BE NO DELAY IN THE PROCESSING OF YOUR APPLICATION(S).

THIS FORM MUST BE RETURNED IN ORDER FOR US TO ORDER YOUR DIPLOMA/CERTIFICATE

ONCE WE PLACE THE ORDER THE COST OF ANY REVISIONS WILL BE YOUR RESPONSIBILITY