

**EISENHOWER HIGH SCHOOL**  
**RECORDS OFFICE**

1321 N. Lilac Ave., Rialto, CA 92376 (909) 820-7777 Ext. 21735 FAX (909) 820-6869



**Note:** Please be advised that diploma requests may take up to 10 business days for processing and will not be processed if charges or fees are owed according to Education Code 48904.

**Duplicate Diploma Request**

**PLEASE PRINT**

Name (as it was in high school)

\_\_\_\_\_ **Last**

\_\_\_\_\_ **First**

\_\_\_\_\_ **Middle Init.**

**Signature:** \_\_\_\_\_

**Year of Graduation:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

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**1. Do you want us to mail? Yes / No**

Please provide the address where you want your diploma to be mailed to:

\_\_\_\_\_

**Street Address**

\_\_\_\_\_

**City**

**State**

**Zip**

**2. Will you pick up? Yes / No**

Please provide a phone number where you can be notified when your diploma is ready to be picked up:

Cell ( ) \_\_\_ - \_\_\_ - \_\_\_ Other ( ) \_\_\_ - \_\_\_ - \_\_\_

**3. Will someone else pick it up for you? Yes / No**

Please indicate the name of the person you are authorizing to pick up a copy of your diploma:

\_\_\_\_\_

(Name of person authorized to pick up your diploma)

With your signature you are authorizing the person indicated above to pick up a copy of your diploma.

\_\_\_\_\_  
Signature of Authorization

\_\_\_\_\_  
Date

**IMPORTANT**

- A copy of your current ID must be attached to this form. If your name is different from when you were in high school, please provide proof of legal name change.
- Payment in the amount of \$20.00 must be made at the EHS Online/Webstore. All mailed diplomas are mailed via "certified mail" which require a signature upon delivery.

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**For Office Use Only:** Request received: \_\_\_\_\_ Diploma mailed: \_\_\_\_\_

**Signature of Person picking up the diploma:** \_\_\_\_\_ **Date:** \_\_\_\_\_