## **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	Firs		Middle Init.
Signature:			11	wilder init.
oignature.		<del></del>		
Year of Graduation:		Date of	of Birth:	
Phone Number:				
1. Will you pick up?	Yes / No			
Please provide a phone number	where you can be no	otified when your diploma is	ready to be pic	ked up:
Cell ( )	Other() -			
oun ( )				
2. Will someone else picl	ς it up for you? Υε	es / No		
Please indicate the name of the	person you are author	orizing to pick up a copy of y	your diploma:	
(Name of person authorized to	pick up your diplom	a)		
With your signature you are aut	horizing the person	indicated above to pick up a	copy of your di	ploma.
Signature of Author	orization	Date		
<b>IMPORTANT</b>				
school, please provide p	roof of legal name ch of \$20.00 must be ma	to this form. If your name is dange.  Ide at EHS. Cash (exact change		·
******	*****	******	*****	*****
For Office Use Only: Reque	st received:	Diploma Requ	uest Fulfilled: _	<del></del>
Signature of Person picking u	p the diploma:		Date:	