

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

Records Management Dept. 817 Bill Beck Boulevard, Kissimmee, Florida 34744 Phone (407) 870-4605
REPLACEMENT HIGH SCHOOL DIPLOMA ORDER FORM

Date _____ **Prices valid for 30 days** Graduated From: _____

Please return with **MONEY ORDER**, (personal checks **not** accepted), a copy of picture identification (driver's license, etc) and white/yellow copies of this form to the address above. Keep pink copy for your records. Allow 4 - 6 weeks to print.

Enclose **MONEY ORDER** for \$ _____ payable to: **THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FL.**

PRINT First name Middle name Last name to be printed on diploma (Must be legal name used at high school graduation)

Address (Diploma will be sent certified mail to this address, if outside local area)

City State Zip Code () Student Phone number

My signature indicates that I understand and accept that the replacement diploma will have the signatures of the **current** representatives of The School District of Osceola County – Superintendent, School Board Member(s), Principal, as applicable to each high school.

Student Signature _____ Date _____

SCHOOL DISTRICT USE ONLY: Graduation verified by: _____ Diploma Company: _____

School _____ Graduation Date _____ Signature-Records Staff _____ Date Payment Received _____

Money Order# _____ SDOC Receipt # _____ Date Diploma Received _____

Date Student Notified _____ Date Mailed Certified _____ Date Picked-up _____ Student Initials _____