

**THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA**

Records Management Dept. 817 Bill Beck Boulevard Kissimmee, Florida 34744-4495 Phone (407) 870-4605  
**REPLACEMENT HIGH SCHOOL DIPLOMA ORDER FORM**

Date \_\_\_\_\_ **Prices valid for 30 days**

Please return **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)

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, Asst. Principal, as applicable to each high school.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**SCHOOL DISTRICT USE ONLY**

Grad. verified by: \_\_\_\_\_ School \_\_\_\_\_ Grad. Date \_\_\_\_\_ Date pymt. rec'd \_\_\_\_\_  
Signature-Records Mgmt. Dept

Money Order# \_\_\_\_\_ SDOC receipt # \_\_\_\_\_ Diploma Co.: \_\_\_\_\_

Date Diploma rec'd \_\_\_\_\_ Date Stdnt. notified \_\_\_\_\_ Date mailed certified \_\_\_\_\_ Date picked-up \_\_\_\_\_