



Santa Ana Unified School District

Support Services

PETITION TO REQUEST DIPLOMA (SB 172)

Today's Date: _____

Last Name: _____ First Name: _____ Middle Name: _____

Other Names on Records (if different): _____

Date of Birth: _____ Student Number (optional): _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (_____) _____

Proof of identity provided (circle one): CDL/ID Passport Matrícula Consular Other: _____

If you are eligible to receive your high school diploma, how would you like to receive it? Choose one:

- I give Santa Ana Unified School District permission to send my diploma via the **US mail.**
- I will **pick up my diploma in person.**

Signature: _____ **Date:** _____



----- **FOR INTERNAL USE ONLY** -----

<input type="checkbox"/> Graduation Requirements Met <input type="checkbox"/> Aeries grad code changed to: _____ <i>Reviewed by:</i> _____ <i>Date:</i> _____ Records Office ONLY <input type="checkbox"/> Laserfiche: _____ <input type="checkbox"/> Diploma printed: _____ Student notified via: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail By: _____	<input type="checkbox"/> Graduation Requirements Not Met Reason(s): _____ _____ _____ _____ _____ Student notified via: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail By: _____
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