

SHALER AREA SCHOOL DISTRICT GRADUATE DIPLOMA REQUEST

Current Name: _____

Name (Exact Name at Graduation): _____

Date of Birth: _____

Year of Graduation: _____

Please note official diplomas are ordered from a 3rd party source. It can take 2-3 weeks to arrive, after form and payment are received.

Current mailing address: _____

Current phone number: _____

Signature: _____

Please mail this form along with \$35.00 processing fee to the address below. Make check or money order payable to Shaler Area High School.

**Shaler Area High School
Counseling Office
381 Wible Run Road
Pittsburgh, PA 15209**

Office Use Only

Date Received:

Date Processed:

Graduation Date: