



CENTRAL CATHOLIC
HIGH SCHOOL

Duplicate Diploma Request Form

Name: _____ Maiden Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone/Cell: _____ Email: _____

Graduation Year: _____ Date of Birth (MM/DD/YYYY): _____

Signature: _____ Date: _____

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All requests are subject to verification. This form must be filled out completely, including signature. Any missing information will delay your processing time.

Please note that if there are any financial obligations to the school that has not been met, your order will not be submitted for processing until all obligations have been cleared.

By signing this form, you agree to pay \$35 in advance. Processing time is 6-8 weeks. We will notify you when your diploma is ready for pick up. You **MUST** pick up unless other arrangements are made that may incur additional charges.