

MADERA UNIFIED SCHOOL DISTRICT
Student Services Department
California Law SB 172: CAHSEE Exemption Diploma Request

***Required Fields**

Today's Date: _____

*First Name: _____

*Last Name: _____

*Date of Birth (mm/dd/yy): _____

*School (select one):

Madera High

Madera South

Eastin Arcola

Mt. Vista

Ripperdan

*Graduation Year (2006-2015): _____ *Student ID: _____

*Current Address: _____

*City: _____ *State: _____ *Zip Code: _____

*E-mail: _____

*Phone number: _____

After meeting the requirements for the diploma:

Please mail the diploma to my address above (Note: signature and ID copy required)

I will pick up the diploma (please bring an ID)

XSignature _____ ID# _____ Expires _____
(Driver's Lic.# or other)

For Office Use Only

Date Issue/Mailed: _____ By: _____ COMPLETED