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Diploma Waiver Form

Name:							
	Last			First			M.I.
Date of Birth:				Gender:		Male	Female
		MM / DD / YY				_	
Address:							
	Street Address	5				Apt / Unit #	
	0.0				6		
Phone:	City		Em	nail	State		Zip Code
	Cell						
1. Unit	ed States						
High School Name:							
High Scho	oi Name:						
Address:							
	Street Address	5					
	City				State		Zip Code
2. Abro	oad						
High School Name:							
Address:							
	Street Address	5					
	City				Province	/ Territory	Country
chool in the U.S. or an Abroad Equivalent High School and am currently not in possession of my Graduation Diploma.							
-			Student Signature				Date