

# Request for Adult High School Diploma

Please complete the entire form, save a copy for your records, and email the form to [records@gtcc.edu](mailto:records@gtcc.edu).

Please submit one request for each credential requested.

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**First Name**                      **Middle Name**                      **Last Name**                      **Maiden Name**

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**Name as it should appear on the Credential**                      **Graduation Term**

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**GTCC Student ID Number or Last Four Digits of Social Security Number**                      **Date of Birth**

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**Address**                      **City**                      **State**                      **Zip**

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**Cell Phone Number**                      **Alternate Phone Number**

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**GTCC Email**                      **Personal Email**

**I would like to have my permanent record updated to include the name and address on this application.**

I am requesting a reprint of my Adult High School Diploma      Year of graduation