LAURENS COUNTY SCHOOL DISTRICT

Where students become ethical and productive citizens by achieving excellence, embracing innovation, and forging new traditions.

ACT 155 DIPLOMA PETITION FORM

Submit this completed, signed form by **mail** to: Dr. Laura C. Koskela, Laurens County School District 56, 211 North Broad Street, Clinton, SC 29325, OR submit **in person** at the District Office, OR submit as an **e-mail** attachment to Dr. Laura C. Koskela at mailto:rcszyman@lcsd56.org. If submitting a petition electronically or by mail, *include a scanned /copied image of your photo identification*. Incomplete information will delay processing. Allow 8-10 weeks for processing, printing, and delivery.

Today's Date:	
Primary Contact's Name:	
Primary Contact's Phone:	
Primary Contact's Home Address:	
(Full name of student as presented on the birth ce	
•	
	Student's Generation (Jr., II, etc.):
Did student go by any other name in high scho	ool? If yes, what name?
Student's Date of Birth:	
School Year in which Student Would Have Gr	aduated:
If my petition is approved, I request that my diplo	oma be Mailed to the Primary Contact's Address* Picked-up
*Laurens County School District 56 does not guarantee	e delivery and is not responsible for damaged, lost, stolen, or undelivered mail.
I verify the above information is complete and accomplete	curate. Student's Signature:
BELOW TO	BE COMPLETED BY DISTRICT OFFICIAL
Photo ID or sight validation accepted: Yes	No Initial:
•	
School Year in which student would have graduat	ted:
Number of credits required during graduating cla	asses of 1990-2000 is 20. # Completed:
Number of credits required during graduating cla	asses of 2001-2014 is 24. # Completed:
Did student complete the required number and type	epes of units: Yes No
If no, what unit(s) were incomplete:	
Student meets all requirements to receive a diplor	ma: Yes No
Official's Signature:	Official's Printed Name: