LAURENS COUNTY SCHOOL DISTRICT



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

ACT 207 DIPLOMA PETITION FORM

Submit this completed, signed form by **mail** to: Mrs. Brenda Schrantz, Laurens County School District 56, 211 North Broad Street, Suite B, Clinton, SC 29325, OR submit **in person** at the District Office, OR submit as an email attachment to Mrs. Brenda Schrantz at brendaschrantz@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 Names:	
Primary Contact's Phone:	
Primary Contact's Home Address:	
(Full name of student as presented on the birth certificate)	
Student's First Name:	
Student's Middle Name:	
Student's Last Name:	Student's Generation (Jr., II, etc.):
Did student go by any other name in high school? If yes, w	hat name?
Student's Date of Birth:	
School Year in which Student Would Have Graduated:	
If my petition is approved, I request that my diploma be:Mai	iled to the Primary Contact's Address* Picked up
*Laurens County School District 56 does not guarantee delivery and is not res	sponsible for damaged, lost, stolen, or undeliverable mail.
I verify the above information is complete and accurate. Stud	ent's Signature:
BELOW TO BE COMPLETE	ED BY DISTRICT OFFICIAL
Photo ID or sight validation accepted: YesNo Init	tial:
Student's Name on Record:	
School Year in which student would have graduated:	
Number of credits required during graduating classes of 1990-2000 is 20.	# Completed:
Number of credits required during graduating classes of 2001-2014 is 24.	# Completed:
Did student complete the required number and types of units:Yes	No
If no, what unit(s) were incomplete:	
Student meets all requirements to receive a diploma? Yes	No
Official's Signature:	Official's Printed Name: