High School Diploma Form

All seniors must return this form to the School Counselor no later than October 1st.

Please print your child’s legal name as it should appear on the high school diploma.

First Name _______________ Middle Name _______________ Last Name _______________ Suffix _______________

I am aware of the classes my child needs to graduate from the LSU Laboratory School.

Parent’s Signature ___________________________ Date _______________

COMPLETE BELOW ONLY IF INCORRECT ON THE TRANSCRIPT

Corrected spelling of name:

First Name _______________ Middle Name _______________ Last Name _______________ Suffix _______________

Corrected date of birth:

Month ___________ Day ________ Year ___________