



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