



Adventist Education

DUE MARCH 15

DIPLOMA ORDER BLANK

School _____

Teacher _____

Graduation Date _____

NAME OF STUDENT (Print names alphabetically, last name, first name <i>and</i> middle, NO INITIALS)	Diploma	Completion Certificate	Perfect Attend.

**Choose either Diploma or Completion Certificate for each student.
If none, please return indicating NONE under student name.**