

Schuylerville High School
Main Office
14 Spring Street
Schuylerville, New York 12871

Diploma Name Request Form

Please print clearly

NAME AS YOU WISH IT TO APPEAR ON YOUR DIPLOMA

<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Jr. ETC.</i>

Student's Signature _____ Date _____

Please return this form by Friday, September 17, 2021 to:

Mrs. McCarty
High School Principals Office