



REPLACEMENT DIPLOMA REQUEST FORM

Please fill out completely

THE SCHOOL DISTRICT OF LEE COUNTY
STUDENT RECORDS DEPARTMENT
2855 COLONIAL BOULEVARD
FORT MYERS, FL 33966-1012

TODAY'S DATE: _____
STUDENT ID #: _____
STUDENT'S DATE OF BIRTH: _____

NAME (will appear the same as it is on your birth certificate on file in Student Records Department):

First Name Middle Name/Initial Last Name Suffix

HIGH SCHOOL NAME: _____

YEAR OF GRADUATION: _____ STUDENT'S SIGNATURE: _____

DIPLOMA TYPE:

- Standard Diploma
- Special Diploma
- Certificate of Completion
- Special Certificate of Completion
- Lee County Diploma

\$35 PROCESSING FEE, DUE IN ADVANCE

(Please allow 4-6 weeks for processing)

Cash Money Order Check Received by: _____

Mail Call Email to pick up when ready

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: (____) _____ Email: _____

For verification purposes, a copy of your driver's license, State ID, or other form of photo identification showing your name, date of birth and signature is required. Requests will not be processed without the proper identification.

-----DO NOT WRITE BELOW THIS LINE-----

FOR STUDENT RECORDS USE ONLY:

- Approve as Submitted
- Approve with the Following Corrections: _____

Authorized by: _____