



**FULLERTON JOINT UNION HIGH SCHOOL DISTRICT  
DIPLOMA REPLACEMENT REQUEST FORM**  
(Please print clearly)

\_\_\_\_\_  
**Today's Date**

\_\_\_\_\_  
**Graduation Year (or last year attended)**

\_\_\_\_\_  
**Name of High School**

\_\_\_\_\_  
**Birthdate (MM/DD/YY)**

\_\_\_\_\_  
**Name (as appears on school records)**

\_\_\_\_\_  
**Telephone Number**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Email**

**Mail Diploma to:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Please send request form with a money order (no cash or checks) made payable to SoCal Grad for \$15.00 to:**

**Fullerton Joint Union High School District  
Educational Services  
Attn: Student Records  
1051 W. Bastanchury Road  
Fullerton, CA 92833**

**Please allow 3 to 5 weeks to receive a copy of your diploma**

***A VALID PICTURE ID IS REQUIRED. IF SUBMITTING THIS REQUEST BY MAIL,  
PLEASE INCLUDE A PHOTOCOPY OF YOUR ID.***