

WINSTON SALEM/ FORSYTH COUNTY SCHOOLS

High School Division

REPLACEMENT DIPLOMA PACKAGE ORDER FORM

Please Print Clearly

(Complete the information marked with an asterisk (*) as it will appear on your diploma). Accepted methods of payment: Money Order, or Certified Check ONLY

*Today's Date: _____

*Date of Birth: _____

*Full Name (As to be printed on diploma): _____

*School Graduated _____

*Graduation Year _____

*Current Address _____

*Phone _____

*City: _____

State: _____ Zip: _____

WS/FC Policy 3250.2

Package Contents	Price	Amount Paid
One Diploma One Diploma Cover	\$50.00	Circle One: Certified Check, or Money Order

Please allow 12-16 weeks for delivery.

If mailing, send to:

Former Student Records

Winston Salem/Forsyth County Schools

P.O. Box 2513

Winston Salem, NC 27102

For Additional Information: 336-727-2306

FOR OFFICE USE ONLY:

Date Ordered	Receipt Number	Date Received	Date Mailed

Revised 8/6/2014 by WS/FCS Policy 3250.2 (June 2014)

Diploma Package Order Form (Revised 1/8/2020)