



Trenholm State

COMMUNITY COLLEGE

HIGH SCHOOL GRADUATION CONFIRMATION FORM

Student ID Number: _____

Last Name First Name Middle Name

Address City State Zip Code

High School: _____

Student Signature: _____ Date: _____

I confirm that the above-named student is on schedule to graduate on May/June _____, 2019.
Day

Printed Name of Designated School Official

Signature of Designated School Official

NOTE: THIS FORM MUST BE MAILED FROM THE HIGH SCHOOL GUIDANCE OFFICE OR HAND-DELIVERED IN A SEALED SCHOOL ENVELOPE TO TRENHOLM STATE COMMUNITY COLLEGE. THE STUDENT'S OFFICIAL TRANSCRIPT WILL BE SENT TO TRENHOLM STATE AFTER THE GRADUATION DATE IS POSTED TO THE TRANSCRIPT.

FOR OFFICE USE ONLY

Date Form Received: _____

Registrar: _____