

DIPLOMA REQUEST

Request a Diploma

Direct requests for a copy of the High School Diplomas to:

Hours of operation are Monday - Friday, 8:00 a.m. - 4:30 p.m.

Original -These requests take 2 - 3 weeks for completion. The fee is \$15.00 and can be paid by money order (to: **SASIC**) only; checks are not accepted.

Copy -These requests take 24-48 hrs for completion. The fee is \$5.00 and can be paid by money order (to: **SASIC**) only; checks are not accepted.

Diplomas can be either mailed or picked up at the selected site.

- SASIC High School (9-12)
Phone at (210) 738-0020
Email at eva.martinez@sasictx.org
- Monticello High School (9-12)
Phone at (210) 858-1487
Email at patricia.moore@sasictx.org

Diplomas can be requested by mail or in person at the following location:

10:00 a.m. to 4:00 p.m., Monday - Friday

Please allow 2 to 3 weeks for processing. SASIC will then contact by phone to schedule a pick up time if fee has already been applied, unless otherwise requested.

Picture identification is required when picking up the diploma. *If the student is 18 years or older, school records will not be released without the student's written consent as mandated by the Family Educational Rights and Privacy Act (FERPA).* Students who have been out of school for 2 years or less (not including Graduates) can obtain a copy of their records from the school they last attended.

SASIC does not discriminate on the basis of race, religion, color, national origin, sex, or disability in providing education services, activities, and programs, including vocational programs.

DIPLOMA REQUEST

Complete the following and enclose the selected amount (cash or money order only, to: SASIC for each copy requested.

Please select:

- Copy-Diploma (Number of Copies: __) Paid _____\$15 (*staff initials*)
- Original – Diploma (Number of Copies: __) Paid: _____\$15 (*staff initials*)

*A receipt must be stapled to request if paid.

Student Name

(while attending school): _____

Office only

ID # _____

Date of Birth: _____

Date of Graduation: _____ School of Graduation: _____

Return Address:

(address) (city) (state) (zip code)

Telephone Number:

Signature:

Completed by PEIMS Coordinator

Date & Time Received: _____ Date Completed: _____

Received By: _____ Completed By: _____

Same Day Approval:

Approved by: _____ Date Approved: _____

PEIMS Coordinator: _____

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