

DIPLOMA ORDER FORM

Northern New England Conference of Seventh-day Adventist

Teacher Name: _____

School Name: _____

Graduation Date: _____ Time: _____

Location: _____

List below names of all graduating students EXACTLY as they are to appear on diplomas. Please print or type clearly. DO NOT have students sign their names - names must be legible in order to insure correct spelling on diplomas.

Diplomas

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

Diploma Covers

Number desired: _____

Would you like the graduation date printed on the diploma?

☐ Yes

☐ No