



High School Diploma/GED Affidavit

Name of Institution: _____

Student Name: _____

Social Security Number: _____

Street Address: _____

City, State, Zip Code: _____

Dates of Enrollment: _____

Daytime Phone: _____

I acknowledge that I have completed the necessary requirements to graduate from High School and/or receive my GED. I am unable to have access to my records because:

Student Signature and Date

Notary Public Signature and Date