**SOUTHFIELD HIGH SCHOOL FOR THE ARTS AND TECHNOLOGY**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNSELOR’S NAME



**SENIOR DIPLOMA ORDER FORM**

**ATTENTION SENIOR STUDENTS ONLY**

***Neatly print*** one letter or symbol per box as you wish your student’s name to appear on his/her diploma.

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| ***LAST***  ***NAME*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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STUDENT SIGNATURE DATE

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PARENT SIGNATURE DATE

**EACH SENIOR MUST RETURN THIS COMPLETE FORM TO YOUR COUNSELOR BY *NOVEMBER 21ST, 2017.***