Alumni Diploma Request Form

Please print – Include any special markings

Your name should appear on the diploma as follows:

Last Name     First Name     Middle Name or Initial

Year of Graduation : _______________

Diploma should be mailed to the following address:

Name: ___________________________________________________________

Street Address: ___________________________________________________

City: __________________________ State: ______ Zip Code: _____________

Phone #: 1-(_______) - ________________

Diploma Fee: $40.00   Please make checks payable to RVRHS (Do NOT mail cash).

Completed forms with payment may be mailed or brought to RVRHS at the following address:

Attention: Student Activities Office
Rancocas Valley Regional High School
520 Jacksonville Road
Mount Holly, NJ 08060

Please note: It usually takes 4 – 6 weeks to process and receive a requested diploma.

__________________________________Office Use Only___________________________________

Check #: _______________ Date: _______________ Verified with Guidance Office: ______

Date Diploma Ordered: _________________________

Updated 4/5/2017