CHRISTIAN LIBERTY ACADEMY SCHOOL SYSTEM

502 West Euclid Avenue, Arlington Heights, Illinois 60004-5402
PHONE: (800) 348-0899 ~ EMAIL: custserv@homeschools.org ~ WEBSITE: www.homeschools.org

A MINISTRY OF THE CHURCH OF CHRISTIAN LIBERTY SINCE 1967

REQUEST FOR REPLACEMENT HIGH SCHOOL DIPLOMA
(Please Print Clearly)

Student's name as enrolled

Date of birth (MM/DD/YY)

Student ID, if known

Student current name if different from above

Head of Household name at time of enrollment

Family ID, if known

Street

Phone

Street

Email

City, State, Zip

DESTINATION ADDRESS, IF DIFFERENT FROM ABOVE:

Name

Fax number (Add $5.00)

Address

Email Address (Add $5.00

Address

City, State, Zip

RELEASE:

X

SIGNATURE (parent, legal guardian or adult graduate)

Please print name here

FEES: (PAYMENT MUST ACCOMPANY THIS FORM)

Diploma Certificate	$15.00
Per fax/email transmission	$5.00
Presentation Jacket	$10.00

Payable to: CLASS

Mail to: **TRANSCRIPT DEPT**.
502 W. Euclid Ave,
Arlington Heights, IL 60004

Fax to: 847-259-2443

Amount: $_____

METHOD OF PAYMENT

☐ Check ☐ Money Order ☐ VISA ☐ MasterCard ☐ Discover

Card Account Number:

Expiration Date
(Required)

Month Year

Authorized Signature (REQUIRED):_____