



# AMERICAN SCHOOL OF LEADERSHIP

A m e r i c a n   H i g h   S c h o o l

## DIPLOMA REQUEST FORM

Office of the Registrar, 1507 S. Hiwassee Rd, Suite 113 & 114, Orlando FL 32835

**Legal name as it appears on your Government Issued ID or Passport** (Your name will appear on your diploma & transcript as it is listed on ID not your listed name on ASL records, which should be the same. If you need to update your name in our system, you must file a timely name change with the Registrar office)

\_\_\_\_\_  
Last name (as written on ID)

\_\_\_\_\_  
First name (as written on ID)

\_\_\_\_\_  
Middle

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Graduation Office Use Only

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Degree Posting Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Graduation Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_