



Gainesville City Schools Diploma for Veterans Request Form

NAME _____

*Please note if name is different from enrollment name

ADDRESS _____

PHONE NUMBER _____

What was your anticipated date of graduation from GHS?(Year only) _____

What branch of service were you in and how long did you serve? _____

Please attach copy of Honorable Discharge

Did you serve during an active conflict? _____

I, _____, give consent for GCSS to access my enrollment records.