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## Request for Graduation under SB 463

(Please return the completed form and documents by email at SB463@seisd.net or by fax at (915) 872-3996 ATTN: Dr. Segovia, Associate Superintendent)

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

Last High School Attended \_\_\_\_\_ Year Last Enrolled \_\_\_\_\_

Name While Enrolled \_\_\_\_\_ Student ID \_\_\_\_\_

I am submitting the following documents with my request:

\_\_\_\_\_ A copy of my military service record (DD214)

\_\_\_\_\_ A transcript of college work earned since leaving high school

\_\_\_\_\_ A copy of my GED/High School Equivalency Certificate

\_\_\_\_\_ A copy of any industry certifications (for example, Cosmetology, Mechanics, etc.)

\_\_\_\_\_ A copy of SAT and/or ACT scores

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(Original Signature Required)

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### For Office Use Only:

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

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