

School Certifications

16560 Harbor Blvd Fountain Valley CA, 92708 714.418.9100 Fax 714.418.9109

Student Name:	SS#
Complete the following:	
What is the highest grade you have	completed?
☐ I certify that I obtained my H	igh School Diploma from:
School Name	
School Address	
Date Graduated:	
☐ I certify that I obtained my Ca	lifornia High School Proficiency Exam from:
School Name	
School Address	
Date Graduated:	
☐ I certify that I obtained my G	ED from:
Testing Center Name	
Center Address	
Date Complete:	
	Other Postsecondary Education
I certify that I: □have	☐ have not attended any other schools past high school.
Complete for each school you have	e attended:
School Name	
	to
School Name	
City/State/Zip	

Date: _____

Student Signature: