

Graduation Verification for Summer Financial Aid (For Current High School Seniors Only) Summer 2024

DATE	
STUDENT'S FULL NAME	SOCIAL SECURITY NUMBER/Student ID
NAME OF HIGH SCHOOL	DIPLOMA TYPE
ACTUAL GRADUATION DATE (2024)	_
I certify that the above named student has met all designated graduation date at our school.	I requirements at this time for graduation planned on the above-
GUIDANCE COUNSELOR'S SIGNATURE	DATE
Students, please return the completed form to the	e Financial Aid Office:
Wallace State Community College Office of Financial Aid 801 Main Street NW	

Note: This form DOES NOT replace the school requirement for a **final high school transcript showing graduation date**,

FAX: 256-352-8122

financialaid@wallacestate.edu