

EARLY HIGH SCHOOL GRADUATE FORM

(To be completed by school administrator)

A	

Date:				
St. Louis Communit Registrar's Office 5600 Oakland Ave. St. Louis, MO 63110				
I certify the followir	ng student:			
		. w	rith date of birth	
(First Name)	(MN)	(Last Name)	(MM/DD/YYYY)	
will graduate on	(MM/DD/YYYY)	, one semester early. He/she has met a	one semester early. He/she has met all graduation requirements for	
		and will start at St. Louis Com	munity College the Spring 2026 semester.	
(High Sc	hool Name)		mainty conege the opining zozosemesten	
Name of High School official		Title of High S	chool official	
Signature of High School official		High School Of	High School Official email/telephone number	
If delayed, this cou	n school transcrip Id result in the sto		·	
using an approved	secure vendor (i.	CC-Registrar's Office, 5600 Oakland Ave., S e. Naviance, National Student Clearinghous and carried, faxed, or sent as an email att	se, Parchment or SCIOR).	
Should you have ar	ny questions, plea	ase contact me at		
Sincerely,				