

**HIGH SCHOOL GRADUATION AFFIDAVIT**

# School administration may complete and submit this form to confirm graduation on behalf of students within a class. This form must be accompanied by a district calendar documenting official graduation date for the institution.

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| S tudent Name (Please print) | Graduation Date (mm/dd/yy) |
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**A ttestation**

By signing and submitting this form, I acknowledge and agree that,

* I am an authorized school administrator or registrar/counselor who was not responsible for the instruction of the students listed on this form.
* Every student listed on this form successfully graduated on the date listed.
* I have provided institution calendar, or official documentation confirming graduation date(s) for my institution.

I understand that NHA has reserved the right to audit and confirm the information provided on this form to insure compliance with the provisional certification program.

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Institution Name

Printed Name of Authorized School Official Title

Signature of Authorized School Official Date

Please email the completed form to i[nfo@nhanow.com](mailto:nfo@nhanow.com%20) or fax to **913-661-6214.** If additional space is needed for student names, please complete a second form, including name, signature, title and date.

# NHA Affidavit Version\_2020.5.15v.2.0