



MIDDLESEX COUNTY MAGNET SCHOOLS

East Brunswick Magnet School

112 Rues Lane
East Brunswick, NJ 08816
(732) 254-8700

Diploma Request

Date: ____/____/____

Please **PRINT** student's name **EXACTLY** as it should appear on diploma.

(If married, use last name while attending school)

NAME FOR
DIPLOMA _____

I hereby authorize the Guidance/CST Department to send a duplicate copy of my diploma to:

Name: _____

Address: _____

City, State & Zip: _____

Signature: _____

Year of Graduation: _____

Phone Number: _____

Email Address: _____

There is a \$15.00 charge (by money order ONLY) required prior to ordering a diploma. Please make money order payable to MCMS.

For office use only: ____pick up ____email ____USPS postal mail