



Graduation Notification Form

743 East Main Street • PO Box 889 • Laurens, SC 29360 • (864) 984-2217 • www.GTLaurens.com

INTRODUCTION

We are excited and pleased that you have been dedicated to educating and improving yourself. So that we can schedule a time to recognize your accomplishment, please fill out the following information and return it to the Church office.

GRADUATE'S INFORMATION

Date _____ 20 ____

Legal Name

Name You Go By

Birthday - (Mth, Day & Yr.)

Graduate's _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Email Address _____

Name of the institute you graduated from: _____

Check the diploma/degree that you have completed:

DIPLOMA: GED HIGH SCHOOL

DEGREE: TECHNICAL ASSOCIATES BACHELORS MASTERS

PH.D./DOCTORATE OTHER: _____

If a degree, write out the exact title of it and the area of concentration you receive it in.

*****We will recognize your accomplishment in Sunday Morning Service as soon as the church schedule allows after this form is turned into the church office.*****