

Form JR-2

*Empowering Dreams for the Future*

**REVISED DATE OF GRADUATION**

|  |  |
| --- | --- |
| Student’s Name: |  |

Last First Middle

|  |  |  |  |
| --- | --- | --- | --- |
| High School: |  | Class of: |  |

|  |  |
| --- | --- |
| Student Social Security or Student ID #: |  |

|  |  |
| --- | --- |
| Date passed all sections of the GHSGT (if applicable): |  |

|  |  |
| --- | --- |
| Date waiver or variance granted from the Georgia Department of Education: |  |

|  |  |
| --- | --- |
| Date transcript with revised date of graduation sent to the Records Center: |  |

|  |  |
| --- | --- |
| Date new diploma ordered: |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |

Name and signature of counselor or school official completing this form Date

|  |
| --- |
| Comments: |

**FORM SHOULD BE SENT TO THE RECORDS CENTER ALONG WITH THE STUDENT’S UPDATED TRANSCRIPT**

**Copy Form JR-2 on pink paper**

6/14/06