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**ACT 207 DIPLOMA PETITION FORM**

A person (hereby referred to as "student") no longer enrolled in a public school who was denied graduation **solely for failing to meet the exit exam requirements may** petition to determine his or her eligibility to receive a high school diploma. For more information about ACT 207 visit the [South Carolina Department of Education](https://ed.sc.gov/newsroom/public-information-resources/high-school-exit-exam-elimination/).

 Submit this completed, signed form by **mail** to: Dr. Jason McCreary, 301 Camperdown Way, Greenville, SC 29602, OR submit **in person** at any Greenville County High School or the Central Office, OR submit as an **e-mail** attachment to Dr. Jason McCreary at Jmccrear@greenville.k12.sc.us. If submitting a petition electronically or by mail, *include a scanned /copied image of your photo identification*. Incomplete information will delay processing. Allow 8-10 weeks for processing, printing, and delivery.

**Today’s Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Contact’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Contact’s Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Contact’s Home Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Full name of student as presented on the birth certificate)*

**Student’s First Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student’s Middle Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student’s Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Student’s Generation** (Jr., II, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Did student go by any other name in high school? If yes, what name?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student’s Date of Birth**: **­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**High School Name from which Student Would Have Graduated**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Year in which Student Would Have Graduated**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If my petition is approved, I request that my diploma be □ Mailed to the Primary Contact’s Address\* □ Picked-up

\*Greenville County Schools does not guarantee delivery and is not responsible for damaged, lost, stolen, or undelivered mail.

I verify the above information is complete and accurate. **Student’s Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* BELOW TO BE COMPLETED BY AN OFFICIAL \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

Photo ID or sight validation accepted: Yes No Initial: \_\_\_\_\_\_

Student’s Name on Record: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Year in which student would have graduated: \_\_\_\_\_\_\_\_\_\_

Number of credits required during graduating classes of 1990-2000 is 20. # Completed: \_\_\_\_\_\_\_\_\_

Number of credits required during graduating classes of 2001-2014 is 24. # Completed: \_\_\_\_\_\_\_\_\_

Did student complete the required number and types of units: Yes No

If no, what unit(s) were incomplete: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Student meets all requirements to receive a diploma: Yes No

Official’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Official’s Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_