

5 Point Learning Academy

Receiving You Diploma Form

Please ensure that all of your information has been updated and submitted.
Submit your request to the school administration - Be sure to include:

FULL name of student (as you want it printed on the diploma)
Graduation Date : Month Day Year

**If not picking up at the 5 Point Learning Academy in Jackson, Tennessee,
include student's current postal address in form below.**

Please Print or Type

Full Legal Name: _____

Address: _____

Date of Graduation: _____

Fax 650-479-8969 or email to: fivepointlearningacademy@yahoo.com
or mail to 5 Point Learning Academy, 203 Harts Bridge Rd, Jackson, TN 38301-7672