



# APPLICATION FOR DELAYED HIGH SCHOOL DIPLOMA

State Form 50900 (R / 7-20)

## DEPARTMENT OF VETERANS AFFAIRS

777 North Meridian Street, Suite 300

Indianapolis, Indiana 46204-1421

Telephone: (317) 232-3910

Fax: (317) 232-7721

**INSTRUCTIONS:** Mail completed application and attachments to the Department of Veterans Affairs at the above address.

### SECTION I – VETERAN INFORMATION

Name of veteran		Date of birth (month, day, year)	
Branch of military service	Date joined (month, day, year)	Date separated (month, day, year)	
Name of last high school attended		County	
Address of last high school attended (number and street, city, state, an ZIP code)			
Was last high school attended public or private? <input type="checkbox"/> Public <input type="checkbox"/> Private		Years attended From: To:	
Last grade attended	Date veteran left to begin military service (month, day, year)	Date veteran would have graduated (month, day, year)	
If Public School, from which organization does the veteran prefer the diploma to be issued? <input type="checkbox"/> School shown above <input type="checkbox"/> County School Corporation, if consolidated <input type="checkbox"/> Indiana State Board of Education			

### SECTION II – LIVING VETERAN

Address of veteran (number and street, PO Box, or Rural Route; city, state, an ZIP code)	
County	Telephone number ( )
<b>Living Veteran Certification</b>	
I certify that at the time I quit high school I was a student in good standing at the high school indicated above and that I entered the United States Armed Forces prior to the date I would have graduated. <b>(Attach a copy of military separation papers, WD AGO Form or DD Form 214.)</b>	
Signature	Date (month, day, year)

### SECTION III – DECEASED VETERAN

Date of death of veteran (month, day, year)	
Name of person applying	Relationship to veteran
Address (number and street, PO Box, or Rural Route; city, state, an ZIP code)	
County	Telephone number ( )
<b>Deceased Veteran Certification</b>	
I certify that at the time the veteran quit high school he/she was a student in good standing at the high school indicated above and that he/she entered the United States Armed Forces prior to the date he/she would have graduated. <b>(Attach a copy of military separation papers, WD AGO Form or DD Form 214.)</b>	
Signature	Date (month, day, year)

**APPLICANT: DO NOT WRITE BELOW THIS POINT.**

**FOR IDVA USE ONLY**

- ☐ Military separation information is verified as accurate and the veteran served during an eligible period and the character of that service was honorable. Application is forwarded to the Indiana Department of Education.
- ☐ Veteran did not serve during an eligible wartime period. Application is returned to the applicant in Section II or Section III.

Signature

Date (*month, day, year*)

Printed name

Title

**FOR INDIANA DEPARTMENT OF EDUCATION USE ONLY**

- ☐ Applicant wishes to be presented with a diploma from the school or local school corporation shown in Section I. The governing body of the affected school or local school corporation is directed to issue the diploma.
- ☐ Applicant either attended a nonpublic high school before leaving for military service, or has requested a diploma be issued by the board. Diploma will be sent to the applicant indicated in Section II or Section III.

Signature

Date (*month, day, year*)

Printed name

Title

**FOR LOCAL SCHOOL CORPORATION USE ONLY**

County of \_\_\_\_\_

A High School Diploma has been granted for the above named veteran and will be presented at the next graduation ceremony at \_\_\_\_\_ High School.

Signature

Date (*month, day, year*)

Printed name

Title