

# Senior Clearance

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Local # \_\_\_\_\_ UID # \_\_\_\_\_

CSF VERIFICATION  
Stockdale High School – May 2009

Do you plan to participate in  
the graduation ceremony?  
Circle one: YES NO

STUDENTS: You must have **ALL** signatures below before you will be approved for graduation. Return this form to Ms. Mallard in the Counseling office **by 12:00pm Friday, May 22<sup>nd</sup>**.

## TEACHER SIGNATURE (must be obtained before other signatures)

PER.	SUBJECT	2 <sup>nd</sup> SEMESTER GRADE REQUESTED FOR VERIFICATION	NOTES	TEACHER SIGNATURE
0				
1				
2				
3				
4				
6				
7				

### Obtain signatures in numerical order:

1. TEXTBOOK SIGNATURE \_\_\_\_\_ 4. ATHLETIC'S SIGNATURE \_\_\_\_\_  
*Mrs.* *Mr. Hance*

2. LIBRARY SIGNATURE \_\_\_\_\_ 5. FINANCE SIGNATURE \_\_\_\_\_  
*Mrs. Fisher* *Mrs. boothé*

**3. CSF ADVISOR**

*Mrs. Hance*

**6. COUNSELOR'S SIGNATURE**