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PROOF OF GRADUATION ATTESTATION

In order to attend Tri-County Allied Health School, all students must have graduated from high school or its equivalent and must attest to that fact. Please complete this form in its entirety, sign and return it to Tri-County Allied Health School as part of your student record.

Student Information

Student Name: _____

Address: _____

City / State / Zip: _____

Telephone #: _____

I, _____, have applied for admission as a student at Tri-County Allied Health School and understand that one of the requirements to be eligible for admission is graduation from high school or its equivalency.

I hereby certify that (check only one):

I graduated from _____ in, _____
(NAME OF HIGH SCHOOL) (CITY, STATE/ COUNTRY)

in the year _____.

I passed the General Education Development (GED) test on _____ in the state of _____
(DATE OF CERTIFICATE)

_____.

I am a graduate of a home study program, and received my certificate on _____ in the
(DATE)

state of _____.

If, for any reason, this attestation of high school graduation or its equivalent is found to be false or untrue, I understand that I may be subject to immediate dismissal from Tri-County Allied Health School. If verification of any of the above information is requested, I agree to present proof in the form of a transcript, diploma, or certificate.

Signature: _____

Date: _____