

Golden State Seal Request Form

Submit with form only. Do not send student records. If more space is needed, please attached an additional sheet.

District or Charter School: _____ Graduation Year: _____
County & District Code: _____ Graduation Date: _____
Charter Number: _____
Contact Person: _____ Address: _____
Phone: _____ City/State/Zip: _____

| School Name | School Code | Number of Eligible Students |
|-------------|-------------|-----------------------------|
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Total Number of Eligible Students:

The “Total Number of Eligible Students” indicates students who have completed all requirements of California *Education Code (EC)* Section 51451 for the Golden State Seal Merit Diploma. The school district or charter school must ensure that all requirements of EC Section 51454 have been met.

District Superintendent’s (or Charter School Administrator’s) Signature: _____
Date: _____

Complete all requested information and mail the original to the address on the back of this form. Keep a copy for your records.

Note: Through June 30, 2020, the CDE will accept a scanned copy of the signed form sent as an attachment to gssmd@cde.ca.gov.

Return To:

Chelsea Manassero, Office Technician
Golden State Seal Merit Diploma
California Department of Education
1430 N Street, Suite 4409
Sacramento, CA 95814-5901