COMMENCEMENT ATTENDANCE

This form must be completed and returned to the SSCC Registration area if you are planning to attend the Commencement Ceremony. All forms are due on or before the third Friday of May.

Arne Reed, Credentials Evaluator
Mail Stop  RSB 045
South Seattle Community College
6000 16th Ave. SW
Seattle, WA 98106-1499

REMEMBER: IF WE DO NOT RECEIVE THIS FORM BY THE THIRD FRIDAY OF MAY YOU WILL NOT BE PERMITTED TO ATTEND THE COMMENCEMENT CEREMONY!!

YOUR NAME: As you wish to have it read at the ceremony:

(Please print)_________________________________________________________
(First)     (Last)

Student ID #:_______________________________________________________

Degree(s) and/or Certificates you are receiving: (these will all be printed in the graduation program)

_____________________________________________________________________________________
_____________________________________________________________________________________

A professional photographer will be taking pictures of all graduates at the time they receive their diploma cover. The photographs will be mailed to the graduates so they may decide whether to buy any photos. Please tell us if you DO NOT want your address given to the photographer. Be aware, by not releasing your address, your proofs will be delayed by several weeks.

_____ I do NOT want my address given to the photographer.

Signature ____________________________________________________________