



## Request to Invite Out-of-Country Guests to Highline College's Commencement Ceremony

Registration and Records, Building 6, MS 6-4  
PO Box 98000 MS 6-4, Des Moines, WA 98198-9800

Complete this form and return it to the Registration counter in Building 6 or email [registration@highline.edu](mailto:registration@highline.edu)  
Letters will be available to pick up or email from the Registration Office within 7 (seven) business days. Please print clearly.

Date of request:

### Student Information

Full Name

Student Identification Number (ctcLink ID)

Phone Number

### Guest Information

#### Guest #1

Mr. Ms.

Mrs. Miss.

Full Name

*Check One Box*

#### Mailing Address

*Complete address as it should appear on mailing envelope.*

#### Guest #2

Mr. Ms.

Mrs. Miss.

Full Name

*Check One Box*

#### Mailing Address

*Complete address as it should appear on mailing envelope.*

#### Guest #3

Mr. Ms.

Mrs. Miss.

Full Name

*Check One Box*

#### Mailing Address

*Complete address as it should appear on mailing envelope.*

**Guest #4**

Mr. Ms.

Full Name

Mrs. Miss.

*Check One Box*

**Mailing Address**

*Complete address  
as it should appear on  
mailing envelope.*

**Guest #5**

Mr. Ms.

Full Name

Mrs. Miss.

*Check One Box*

**Mailing Address**

*Complete address  
as it should appear  
on mailing envelope.*

**Guest #6**

Mr. Ms.

Full Name

Mrs. Miss.

*Check One Box*

**Mailing Address**

*Complete address  
as it should appear  
on mailing envelope.*

**Guest #7**

Mr. Ms.

Full Name

Mrs. Miss.

*Check One Box*

**Mailing Address**

*Complete address  
as it should appear  
on mailing envelope.*

Office Use Only

Graduation Evaluation on file

Process Date \_\_\_\_\_

Processed by \_\_\_\_\_