



TEXARKANA ISD

Texas High School DIPLOMA REQUEST FORM

PLEASE PRINT

Name (*Current Name*): _____ Date: _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Phone Number: _____

Name (*at the time of attendance*): _____

(Please print clearly)

E-Mail Address: _____

Graduation Date: _____ Pick-up Mail

- Cost for each Diploma request is \$40.
- Payment must be in the form of a Cashier's Check or Money Order made payable to Texas High School.
- Payment must be received before order can be processed.
- For mail in request: A copy of your Driver's License is required.

Mail Request Orders:

Texas High School
ATTN: Audrey Maxie
4001 Summerhill Road
Texarkana, Texas 75503

For Office Use Only

Payment Received Date: _____ Amount: \$40.00

Payment method: Cashier Check #: _____ Money Order #: _____

Fund Request #: _____ Purchased Order #: _____

Ordered: _____ Received: _____

Received by:

Signature: _____ Date: _____

Date Mailed: _____

***NOTE:** _____