

**C. H. Yoe High School
Transcript Request Form
For Former Students**

Today's Date _____ Social Security # _____

Student's Name _____
Last First Middle

Year of Graduation: _____ Birthdate _____ Phone# _____

Official Transcripts must be mailed by C. H. Yoe High School.
Unofficial Transcripts can be given to graduate.

Please allow 5 working days for a transcript to be ready for mail or pick up.

I need an Official Transcript mailed to:

Name of
College/Scholarship _____

Person/Office to Receive Transcript _____

Address _____
Street or P. O. Box

City, State, Zip

I need an Unofficial Transcript

_____ **I will pick it up**

_____ **Please mail to me at:**

Address _____
Street or P. O. Box

City, State, Zip

Signature of Student

Please fax to Counseling Department at (254) 605-0413