

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

Today's Date: _____ Last 4 digits 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

Please fax or email the completed form to the following:

Fax #: 254-605-0413

Email: thubnik@cameronisd.net

Signature of Student