



**Texarkana**  
Independent School District

**OPTIONS**  
**ACADEMIC ALTERNATIVE 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)

Email: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Delivery: \_\_\_\_\_  Pick-up  Mail

- Payments must be in the form of a Cashier Check or Money Order made payable to Jostens.
- Payments must be received along with this request form before the order can be processed.
- By signing this request form, you acknowledge the \$40 charge for each diploma and agree to make payment in full before each diploma can be ordered.
- For mail in request: Must send a copy of your driver's license.

***Mail Request Orders:***

OPTIONS Academic Alternative High School  
ATTN: L. Michele Jones  
4241 Summerhill Road  
Texarkana, Texas 75503

***For Office Use Only***

Payment Received Date: \_\_\_\_\_ Amount: \$40.00

Payment method: Cashier Check #: \_\_\_\_\_ Money Order #: \_\_\_\_\_

Fund Request #: \_\_\_\_\_ Purchase Order #: \_\_\_\_\_

***Received by:***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Mailed: \_\_\_\_\_

**\*NOTE:** \_\_\_\_\_