HOUSTON INDEPENDENT SCHOOL DISTRICT Cesar E. Chavez High School

Replacement Diploma Order

Date of Ord	ler:/	Graduation Date (MM/YY):/
Student Name:		ID #: Telephone #:
]	For Official Use ONLY:
Receipt Attached:		Yes No
Date Distributed:		/
Signature o	f Student/Parent:	
Office Staff	f Signature:	