

Transcript Request Form

Meek High School

6615 Hwy. 41

Arley, AL 35541

205-384-5825

Attn.: Mrs. Bethany Jordan, Counselor

Student Name: _____

Year of Graduation: _____

Check One:

Copy to Student

If so, what is the purpose of this transcript

request? _____

Copy mailed directly to institution

Name and Address of institution: _____

*****SENIORS: MAKE CERTAIN YOU READ THE INSTRUCTIONS ON**

SCHOLARSHIP AND ADMISSIONS APPLICATIONS! MOST

REQUIRE THAT THE TRANSCRIPT BE MAILED DIRECTLY FROM

THE COUNSELOR TO THE COLLEGE OR UNIVERSITY!

THIS FORM MUST BE TURNED IN TO MRS. JORDAN 10 DAYS

PRIOR TO WHEN THE TRANSCRIPT MUST BE MAILED OR IS

NEEDED BY YOU!

Parent signature is required if the person making this request is under age 18:

Student signature: _____

Parent signature: _____