



MERIDIAN HIGH SCHOOL  
TRANSCRIPT REQUEST FORM

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

Name: \_\_\_\_\_

(Last, First, Middle, Maiden name)

Date of Birth: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

(Please allow 48 hours to process transcript request upon receiving)

SEND TRANSCRIPT TO:

Name of College: \_\_\_\_\_

Attention: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

YOUR MAILING ADDRESS:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SEND COMPLETED FORM TO: Mrs. Kim Graham, Registrar

Meridian High School

2320 32<sup>nd</sup> Street

Meridian, MS 39305

OR FAX TO:

Mrs. Kim Graham

601-483-5502