



**MERIDIAN HIGH SCHOOL  
TRANSCRIPT REQUEST FORM**

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

Name: \_\_\_\_\_  
(Last, First, Middle, Maiden name)

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

Year of Graduation: \_\_\_\_\_ **OR** Year Attended: \_\_\_\_\_

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

**SEND TRANSCRIPT TO:**

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

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

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

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

**YOUR MAILING ADDRESS and CONTACT PHONE NUMBER**

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

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

Phone: \_\_\_\_\_

**SEND COMPLETED FORM TO:**

Registrar  
Meridian High School  
2320 32<sup>nd</sup> Street  
Meridian, MS 39305

**OR FAX TO:**

Registrar  
601-483-5502

IF YOU GRADUATED PRIOR TO **2006** PLEASE CALL ARCHIVES AT **601-512-0499** OR FAX **601-484-4967**