



**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 32nd Street
Meridian, MS 39305

OR FAX TO:

Registrar
601-483-5502

IF YOU GRADUATED PRIOR TO **2007** PLEASE CALL ARCHIVES AT **601-512-0499** OR
EMAIL TO: archives@mpsdk12.net