Meridian High School

Transcript Request Form

Date _____ Soc. Sec. Number _____

Last Name _____

Maiden Name _____

First Name _____

Birth date _____

Year of Graduation _____

(Please allow 48 hours to process transcript request)

Send Transcript to:

Name of College _____

Attention: _____

Street _____

City _____

State _____ Zip _____

YOUR MAILING ADDRESS

Street _____

City _____ State _____Zip _____

Further Instructions to Registrar:

Send completed form to: Mrs. Rita Flint, Registrar
Meridian High School
2320 32nd Street
Meridian, MS 39305

Or Fax to: Mrs. Rita Flint
601 483 - 5502