



Meridian High School

2320-32<sup>nd</sup> St

Meridian, MS 39305

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### TRANSCRIPT REQUEST FORM

*Allow 5 working days for request to be filled.*

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

Year of Graduation: \_\_\_\_\_ or Year Withdrawn: \_\_\_\_\_

Name at time of **Graduation**: \_\_\_\_\_

Name at time of Request: \_\_\_\_\_

Phone Number where I may be reached during the day if needed: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Last 4 numbers of Social Security #: \_\_\_\_\_

Please send a copy of my transcript at the earliest possible date to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give permission for Meridian High School to mail my transcript to the above address.

Signature: \_\_\_\_\_

\*\*If you graduated prior to 2007, please call archives at 601-512-0499 or contact via email: [archives@mpsdconnect.org](mailto:archives@mpsdconnect.org)