



Meridian High School

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Meridian, Texas 76665
(254) 435-2723
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Paul Booth, Principal

TRANSCRIPT REQUEST

(Please complete one form per request)

Date: _____ Year Graduated: _____

Last Name: _____ First Name: _____

SSN: ____-____-____ DOB: ____/____/____ Contact Number: _____

Mark One

Official Transcript _____ Unofficial Transcript _____ W/TAKS/EOC scores Yes/No
(circle one)

Purpose of Request (check one): Personal College Scholarship

(Please indicate which scholarship) _____

Mail Transcripts To: _____

Name of Person or Institution

Address

City

State

Zip Code

Signature _____

Parent or Legal Guardian if student is a minor/Adult Student (not required for personal copy)

Signature _____

Student Signature

Return Request to Ms. Robinson or Mrs. Ticer

*****Office Use Only*****

Transcript mailed or sent electronically _____

Date

Signature of Person sending Transcript _____

Please allow 7 to 10 Business days for Transcripts to be sent

"The Best and Getting Better"