



TRANSCRIPT REQUEST FORM

*Current students: You only have to fill out name and where you would like your transcript sent.

LAST NAME: _____ FIRST NAME: _____ M.I.: _____

NAME(S) ATTENDED AS (if different from above): _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

BIRTHDATE (MM/DD): _____

CURRENTLY ENROLLED? YES _____ NO _____

DATE GRADUATED: _____ OR LAST DATE OF ATTENDANCE: _____

PLEASE CHECK ALL THAT APPLY:

HOLD FOR PICKUP: Please contact me at: _____

OFFICIAL SEALED ENVELOPE

UNOFFICIAL "ISSUED TO STUDENT" COPY

SEND AFTER _____ (term) WHEN GRADES ARE POSTED

SEND AFTER DIPLOMA IS POSTED

OTHER: (please explain) _____

PLEASE SEND TRANSCRIPTS TO: _____

SIGNATURE: _____ DATE: _____

Received _____ Sent _____

Email to: llarkin@russellwarriors.com

Fax to: 601-484-5722

Mail to: 1844 D Highway 11 & 80

Meridian, MS 39301