



**Admissions Office, Meridian High School**

2700 W. Atlantic Blvd. #266

Pompano Beach, FL 33069

(866) 364.3153 Tel.

(866) 364.3154 Fax.

<http://k12.mhs-fl.us> Web.

**OFFICIAL TRANSCRIPT REQUEST FORM**

Please note that MHS must have the students or former student's signature to release transcripts. Parents may sign for a student under 18 years of age. Fees are payable by check or credit cards (online). Regular service \$25.00 (Please allow 3 to 5 business days for processing from the time the request is received in our office), \$5.00 for each additional copy (s) ordered at the same time.

Please note: **OFFICIAL TRANSCRIPTS CANNOT BE ISSUED WITHOUT THIS FORM.**

**Legal Name** \_\_\_\_\_ **Reg. No.** \_\_\_\_\_  
*(Last, First, Middle)*

**Current Mailing Address** \_\_\_\_\_

\_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Daytime Phone Number* \_\_\_\_\_ *Email* \_\_\_\_\_ *Date* \_\_\_\_\_

**Comments:**

**I hereby consent to have my transcript released to the address indicated below:**

Please use the space below to print the name and address of place(s) transcript is being sent to. Use reverse side of this sheet if more space is needed. Fill out a mailing label for each transcript.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Signature of Student/ Parent* \_\_\_\_\_ *Date* \_\_\_\_\_

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NOTE: Transcript will only be sent upon written request by student and after payment of transcript fee(s). No transcript of a student's record will be furnished for a student or alumnus whose records are incomplete or whose financial obligations to Meridian High School have not been satisfied. If transcript is being mailed to another educational institution, a specific should be designated.

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**For Office Use Only**  
Amount: \_\_\_\_\_ Receipt #: \_\_\_\_\_  
Date Received: \_\_\_\_\_ Clearance: \_\_\_\_\_