

Transcript Request Form  
Meek High School  
6615 Hwy. 41  
Arley, AL 35541  
205-384-5825  
Attn.: Mrs. Lauren Archer, Counselor

Student Name: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Check One:

\_\_\_\_\_ Copy to Student

If so, what is the purpose of this transcript request? \_\_\_\_\_

\_\_\_\_\_ Copy mailed directly to institution

Name and Address of institution: \_\_\_\_\_  
\_\_\_\_\_

**\*\*\*SENIORS: MAKE CERTAIN YOU READ THE INSTRUCTIONS ON SCHOLARSHIP AND ADMISSIONS APPLICATIONS! MOST REQUIRE THAT THE TRANSCRIPT BE MAILED DIRECTLY FROM THE COUNSELOR TO THE COLLEGE OR UNIVERSITY!**

**THIS FORM MUST BE TURNED IN TO MRS. ARCHER 10 DAYS PRIOR TO WHEN THE TRANSCRIPT MUST BE MAILED OR IS NEEDED BY YOU!**

Parent signature is required if the person making this request is under age 18:

Student signature: \_\_\_\_\_

Parent signature: \_\_\_\_\_