

TRANSCRIPT REQUEST FORM

MEADE SENIOR ALUMNI

2017, 2016, 2015 only

2014 and beyond contact central records @ 410.222.3869

*** Please Print Clearly ***

Name: _____ Date of Birth: ____/____/____ Year of Graduation: _____

Alumni Email: _____ Phone: (____) _____

Address: _____ City _____ State _____ Zip _____

Please complete the correct mailing address

1st Request

Name of Institution: _____

Attention: _____

Street Address: _____

City: _____ State: _____ Zip: _____

2nd Request

Name of Institution: _____

Attention: _____

Street Address: _____

City: _____ State: _____ Zip: _____

3rd Request

Name of Institution: _____

Attention: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Release of Student Records

The law requires that schools receive written permission signed by the parent/guardian before transcripts and other student records can be released to a third party.

I give approval to have transcripts and other student records sent by U.S. Mail or transmitted electronically to those listed above when a request to do so is made by my son/daughter.

Alumni Signature: _____ Date: ____/____/____

Transcript Fees, per transcript, are to be paid at the time of request.

\$2.00 per Request

Payable by: Check, Cash, Money Order

Meade Sr High

Attn: Mrs. Cullum

1100 Clark Road

Fort Meade, MD 20755

Please allow 5 school days for transcript requests.

Meade Sr HS/SCHOOL CODE IS 210531.