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OFFICIAL TRANSCRIPT REQUEST

Please fill out the form in its entirety. There is a \$2 fee for each copy. Mail the request and \$2 **money order** to

Picayune Memorial High School
Attn: Records
800 Fifth Avenue
Picayune, MS 39466

If you are requesting the transcript in person, you may pay cash at the school. You may also mail or fax the **signed request and have someone come the school and pay the \$2-then we will mail the transcript to the address on the signed release. No transcripts will be mailed until the fee is paid.*

Name (while attending PMHS)

First Middle Last

Date of Birth

Your current phone number

Date of graduation

Date of withdrawal (if you
did **not** graduate)

Send transcript to
Institution, individual, or agency

Street

State & Zip Code

Special Instructions

Signature-REQUIRED for release of records. A typed name will **NOT** be accepted. **DATE**