

# MEREDITH COLLEGE TRANSCRIPT REQUEST FORM

Office of the Registrar  
3800 Hillsborough St.  
Raleigh, NC 27607  
Phone: (919) 760-8593 Fax: (919) 760-2878

For Office Use Only
Date Promised: _____
Date Processed: _____
Initials: _____

Name _____
Name While Attending Meredith College (if different): _____
Current Mailing Address: _____
Current Telephone: _____ Email Address: _____
ID/SS Number: _____ Date of Birth: _____
Enrolled as: _____ Undergraduate _____ Graduate _____ Legal Assistant _____ Other _____
Dates of Attendance: From: _____ To: _____

Number of Copies Requested: _____ Official: _____ Unofficial: _____
Check one: Process now _____ Hold for semester grades/posting of degree _____
Check one: Mail _____ Pick-up* _____
*I authorize _____ to pick up my transcript.

Mail to: Name/Institution/Company _____
Street Address: _____
_____
City, State, Zip: _____

I authorize Meredith College to release my transcript as requested.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TRANSCRIPTS WILL BE PROCESSED IN THREE/FOUR WORKING DAYS OF YOUR REQUEST**