



Petal High School
1145 Hwy 42
Petal, MS 39465
(601) 583-4688

Transcript Request Form

Last Name	First Name	* Maiden/Middle	Date of Birth	Graduation Yr.
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Address	City	State	Zip	Telephone
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***Ladies:** Be sure to list your **maiden name**—records are filed by the name you used at the time of graduation.

Please send my transcript to:

Name and address of College/University:

_____ Admissions Office of the college
 listed at right

_____ Return to me at address above

_____ Other

 Student's Signature

 Date

Print off this request form, complete and mail it **along with \$1.00 for each transcript requested (Cash only—No checks)** to the address below:

Petal High School
 Guidance Office
 1145 Hwy 42
 Petal, MS 39465