



**PARALEGAL PROGRAM
TRANSCRIPT REQUEST**

TO THE APPLICANT'S INSTITUTION(S)

The person named below is applying to the Paralegal Program at Meredith College. Please send an official transcript of the candidate's academic record to:

**Paralegal Program
Graduate and Professional Studies
Meredith College
3800 Hillsborough Street
Raleigh, NC 27607-5298**

Please return this form with the record.

TO THE APPLICANT

Please provide the information below and send this form to your undergraduate institution(s) to request an official copy of your transcript. Duplicate this form as many times as necessary. Do not forget to send any fee the institution may require for this service.

Name of Applicant: _____

Current Address: _____

If enrolled under different name, indicate name: _____

Social Security (or Student ID) Number: _____

Dates of Enrollment: _____

Degree and Year: _____

I authorize the release of a transcript of my academic record to the Paralegal Program, Graduate and Professional Studies, Meredith College.

Full Legal Signature

Date