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EDUCATION VERIFICATION

Please fill out the form in its entirety. There is a \$10 fee for each copy requested from a third-party agency. Mail the request and \$10 **money order/check** to

Picayune Memorial High School
Attn: Records
800 Fifth Avenue
Picayune, MS 39466
harthur@pcu.k12.ms.us

*You may mail, email, or fax the **signed** request.*

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

City, State & Zip Code

Special Instructions

Signature-REQUIRED for release of records. A typed name will **be considered an electronic signature and be** accepted.

Signature

Date
