Eastern Mennonite School

801 Parkwood Drive, Harrisonburg, VA 22802
Phone: 540-236-6000 • Fax: 540-236-6028
easternmennoniteschool.org

Alumni Transcript Request Form

Full Name:	**Maiden Name (if applicable):**
Date of Birth:	**Graduation Year:**
Phone Number:	**Email Address:**
Address:	
Signature:	**Date:**

- ***Transcript destination(s)***
  Note: If you want a copy of your transcript sent directly to you, please list that below. It will be sent to you in a signed and sealed envelope. Please allow one week to complete request. For additional requests, please attach another paper.

  1. School Name:
     Address, email or fax#:

  2. School Name:
     Address, email or fax#:

- ***Fee Information:***
  Alumni who graduated 2 years ago or less – You may receive up to 5 requests free.
  All other alumni - There is a $10 fee per transcript copy payable by check (make check out to Eastern Mennonite School, marked for transcript request), credit card (call 540-236-6004), or by cash only if paying in person.

- ***Please send this form to EMS in any of the following ways:***
  Mail: Eastern Mennonite School
  Attn: Counseling Office
  801 Parkwood Drive
  Harrisonburg, VA 22802

  or

  Scan and email to:
  hurstc@emhs.net

  or

  Fax: (540) 236-6028

We are always interested in knowing where our alumni are and what they are up to! If you would like to give us a brief update please feel free to write about it here:

Office use only:

☐ Archives Contacted, Date: _____	☐ Transcript Sent Date: _____
☐ Total Fee Received $ *Check, Cash, CC*	☐ Notification Sent