



*faith excellence integrity service*

801 Parkwood Drive, Harrisonburg, VA 22802  
Main Office: (540) 236-6000 • Fax: (540) 236-6028  
www.easternmennoniteschool.org

**Alumni Transcript Request Form**

<b>Full Name:</b>	<b>Maiden Name (if applicable):</b>
<b>Date of Birth:</b>	<b>Graduation Year:</b>
<b>Phone Number:</b>	<b>Email Address:</b>
<b>Address:</b>	
<b>Signature:</b>	<b>Date:</b>

**• 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.

- School Name:  
Address, email or fax#:
  
- 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                      or    Scan and email to:                      or    Fax: (540)- 236-6028  
Attn: Counseling Office    hurstc@emhs.net  
801 Parkwood Drive  
Harrisonburg, VA 22802

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:**

<input type="checkbox"/> Archives Contacted, Date: _____	<input type="checkbox"/> Transcript Sent Date: _____
<input type="checkbox"/> Total Fee Received \$ <i>Check, Cash, CC</i>	<input type="checkbox"/> Notification Sent