



801 Parkwood Drive, Harrisonburg, VA 22802

Phone: 540-236-6000 • Fax: 540-236-6028

easternmennonite.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 or Scan and email to: or Fax: (540) 236-6028
Attn: Counseling Office veurinkmj@easternmennonite.org
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