

801 Parkwood Drive, Harrisonburg, VA 22802

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

easternmennonite.org

Alumni Transcript Request Form

Alumini 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. 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 Sca	an and email to: or Fax: (540) 236-6028 urinkmj@easternmennonite.org
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: ☐ Total Fee Received \$ Check Cash CC	☐ Transcript Sent Date: