



TRANSCRIPT REQUEST FORM

To request a transcript, print this form, complete it and return it by postal mail or fax to the University Registrar's Office. (Transcript requests must include a signature, so cannot be accepted electronically.) Send your transcript request to:

Eastern Mennonite University

Fax: 540-432-4552

Attn: Registrar's Office
1200 Park Rd
Harrisonburg, VA 22802

Payment of \$5.00 per copy is required prior to processing. Please include a check payable to EMU with any request submitted by mail. If you choose to fax your request, you will need to make payment using a credit or debit card. You can make payment using our secure online form available at www.emu.edu/registrar/ under the Transcripts section, or by contacting Student Accounts at 1-888-432-4112.

Please be aware that transcripts may not be sent for persons with an overdue student account or educational loan. Contact Student Accounts at 1-888-432-4112 if you think this may apply to you.

Full name _____ Birthdate _____

Signature _____ Date _____

Any other name under which your records might appear _____

EMU student I.D. No. _____ or SSN (Last Four Digits) XXX - XX - _____

Approximate dates of attendance _____

Number of transcripts to be sent _____

Mailing instructions: Send within one week

Hold for current term grades

Hold for completion of degree

Other: _____

Address(es) to which transcript(s) should be sent:

Your current address, telephone number, and email address:

Please contact the University Registrar's Office at 540-432-4110 with any questions.