

**Official Transcript
Request Form**

**Office of the Registrar
Emory & Henry College**

PO Box 947, Emory, Virginia 24327

FAX: 276-944-6884

PHONE: 276-944-6116

EMAIL: records@ehc.edu

If this form is not completely filled out the request will not be fulfilled.

Name: _____
Include name at time of enrollment (if different)

Date of Birth: _____

Mailing Address: _____

Telephone Number: _____

Email Address: _____

Check One: UNDERGRADUATE GRADUATE(Masters) UNDERGRADUATE (EDUCATIONAL ENDORSEMENTS)

Alumni/ae and Former Students complete the following:

Dates of Enrollment: _____

Year of Graduation: _____

Signature*: _____ **Date:** _____

Signature is required for release of records. Transcripts will not be released for individuals who have outstanding accounts.

Provide _____ copy/copies of my transcript to be:
(how many?)

MAIL to Home Address Listed Above

MAIL to the Following Address (**complete one request per mailing address**)

Please provide complete mailing address:

For Registrar's Office Use Only:

Request completed: _____ **By:** _____

Verified Identification: Yes No

Verified PERC: Yes No