FORMER STUDENT TRANSCRIPT REQUEST

Instructions: Complete this form with all applicable information. **Fee payment** and **student signature** are both **required** at time of ordering official transcript(s). Please complete this form in its entirety and be sure to provide **accurate** address information for each destination.

Official transcript fee: \$2.00 per copy. Cash or check accepted, payable to Emmaus High School.

Please print or type:

| Name at time of attendance: | Dates of attendance: | Date of birth: |
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| Any previous names (if applicable) | | Did you graduate? |
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| Phone number where you can be reached: | | |
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Name & Address(es) for official transcript(s) mailing:

| 1. | 2. |
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| 3. | 4. |
| 3. | 4. |

Total number of Transcripts: _____

Total payment enclosed: _____

Student Signature (required)

Date

Approximate Processing Timeframe: 7 to 10 School days (from day received) Longer processing times may occur during the months of: March, August, September, December (due to high volume of requests)

Form may be mailed (with payment) to Emmaus High School, Att: Transcripts, 500 Macungie Ave., Emmaus, PA 18049