

NAES Transcript Request Form

Eastern Illinois University, Office of the Registrar
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With the approval of the Illinois Board of Higher Education, Eastern Illinois University has accepted custody of the academic records of the Native American Education Services College (NAESC) and has agreed to provide copies of documents contained in those records upon request. Eastern Illinois University makes no judgement as to the validity, content, or rigor of any course or program represented on the documents.

NAME: _____
Last First Middle Previous Name

LAST 4-DIGITS of SS#: _____ DATE OF BIRTH: _____

CURRENT ADDRESS: _____
Street Address City State Zip Code

PHONE NUMBER: _____ EMAIL: _____

Process in order received/ \$10 per copy. Number requested? _____

Next-Day processing/\$15 per copy (If received before 2 pm). Number requested? _____

Where should transcript be sent? Provide Name/Address for Mailing below – No Electronically sent transcripts are available

Name: _____

Address: _____

City/State/Zip Code: _____

Transcripts must be paid for at the time of order by cash, check, money order, or credit card.

Credit Card #: _____ Exp. Date: _____

Signature of Card Holder: _____

(If the student is not the card holder)

Student's Signature: _____

(This must be the student's actual signature. Digital signatures are not accepted)

Staff use only: Amount _____ Check/MO# _____ Cash _____ Credit Card _____