

REQUEST FOR ACADEMIC TRANSCRIPT

Please mail or fax this request to Eastern Illinois University, Office of the Registrar, 600 Lincoln Ave., Charleston, IL 61920
Phone: 217-581-3511 Fax: 217-581-3412 E-mail: records@eiu.edu

NAME: _____
LAST FIRST MIDDLE/MAIDEN

NAME ON RECORD _____ E NUMBER _____ DATE OF BIRTH _____
(If you want your name changed on record, see Pg. 2) An E number is helpful but not required. Do **not** list your social security number.

CURRENT ADDRESS _____
STREET ADDRESS CITY STATE ZIP CODE

PHONE # _____ E-MAIL ADDRESS _____

SEND TRANSCRIPTS (Check only one) Now _____ After grades are posted _____ After graduation is posted _____

Last in attendance at Eastern Illinois University? Semester _____ Year _____

_____ QUANTITY FOR PICK UP. INDICATE THE NUMBER OF TRANSCRIPTS YOU WILL PICK UP IN PERSON.

If you are receiving your transcripts yourself, you may choose to have each transcript stamped across the seal of each envelope: **“ISSUED TO STUDENT IN A SEALED ENVELOPE. UNOFFICIAL IF SEAL IS BROKEN”**.

Indicate with an “x” in one of the following boxes: YES NO

<input type="checkbox"/>	QUANTITY FOR MAIL. INDICATE HOW MANY TRANSCRIPTS TO MAIL TO ADDRESS BELOW.	
NAME _____		
STREET ADDRESS _____		
CITY _____	STATE _____	ZIP CODE _____

Payment should be made by check, cash, money order, or credit card (Visa, MasterCard or Discover only). Transcripts will be sent via U.S. mail. Transcripts may also be picked up in person at the Office of the Registrar.

Do you want an unofficial transcript faxed? If yes, please complete the following:

Name to which transcript should be faxed: _____ Fax number: _____

Transcript processing fees are as follows. Check one processing fee choice:

- \$5.00 processed in order request is received. \$5.00 per copy.
- \$10.00 processed next working day after receipt of request. \$10.00 per copy
- \$15.00 processed same day. \$15.00 per copy. No transcripts mailed after 2:30 p.m. or processed after 4:00 p.m.

Credit Card # _____ EXP DATE: _____

Credit Card holder's SIGNATURE _____ Date _____

SIGNATURE REQUIRED FOR RELEASE OF ACADEMIC RECORDS

STUDENT SIGNATURE _____

If you want to change the name that appears on your official academic record, you will need to present to our office one of the following documents:

- Certified copy of a marriage license
- Court order
- Dissolution decree reflecting the new name in full
- Current passport
- Official proof of identity, certified by the United States' embassy abroad or by the appropriate foreign embassy in the United States