

Eastern students must order transcripts through [Credentials Solutions](#).

**NAES Transcript Request Form**

Eastern Illinois University, Office of the Registrar  
600 Lincoln Avenue, Charleston, IL 61920-3099  
Ph: (217) 581-3511 Fax: (217) 581-3412  
Email: [records@eiu.edu](mailto:records@eiu.edu)

*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 1 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 \_\_\_\_\_