Unofficial Transcript Request Form

Eastern Illinois University, Office of the Registrar
600 Lincoln Avenue, Charleston, IL 61920-3099
Ph: (217) 581-3511

NAME:_____
Last First Middle Previous Name

E#:_____ DATE OF BIRTH:_____

CURRENT ADDRESS:_____
Street Address City State Zip Code

PHONE NUMBER:_____ EMAIL:_____

$15 per copy. 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. Any request received that does not include payment will be discarded after 30 days.

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

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