

# 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

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An E number is not required but providing the information will expedite the processing of your order. Do not list your social security number.

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Last in attendance at Eastern Illinois University? Semester \_\_\_\_\_ Year \_\_\_\_\_

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**STUDENT SIGNATURE** \_\_\_\_\_