Diploma Release Request Form



E#	<u>ILLINOIS</u> UNIVERSITY
Name	
Phone Number	
Email address	
Term of Graduation	
Degree	
Mailing address to send diploma	_
	_
I am requesting the release of my diploma based on the following exemption fro	om <i>Public Act 103-0054:</i>
Complete a job application	
Transfer from one institution of higher education to another	
Apply for State, Federal, or Institutional Financial Aid	
Join the United States Armed Forces or Illinois National Guard	
Pursue other postsecondary opportunities	
I acknowledge that I owe a debt to Eastern Illinois University which has prevented heretofore. I further acknowledge that I am responsible for this debt and agree to due to Eastern Illinois University as soon as possible. I certify that my statements o	pay any and all outstanding balances
Student Signature	Date
*Please include a copy of a photo I.D. (EIU Panthercard, driver's license, state ID, p	passport, etc.)
Return completed and signed form to:	
Office of the Registrar, Eastern Illinois University, 600 Lincoln Ave., Charleston, IL 6	51920-3099
Fax# 217-581-3412	

E-mail: <u>records@eiu.edu</u>