

TO: The Registrar at _____

FROM: _____ Student ID#: _____ DOB: _____

I request that you forward an official transcript of my work at your institution to the address below. Please insure that a statement of degree is included with or on my official transcript if appropriate. Payment in the amount of \$ _____ is enclosed for the transcript. If additional payment is necessary, please bill me at my address given below. Thank you.

Signature: _____ Date: _____

Address: _____

Last enrollment at your institution: _____

PLEASE MAIL TRANSCRIPT TO: East Tennessee State University
Quillen College of Medicine
Admissions
PO Box 70580
Johnson City, TN 37614

----- cut here -----

TO: The Registrar at _____

FROM: _____ Student ID#: _____ DOB: _____

I request that you forward an official transcript of my work at your institution to the address below. Please insure that a statement of degree is included with or on my official transcript if appropriate. Payment in the amount of \$ _____ is enclosed for the transcript. If additional payment is necessary, please bill me at my address given below. Thank you.

Signature: _____ Date: _____

Address: _____

Last enrollment at your institution: _____

PLEASE MAIL TRANSCRIPT TO: East Tennessee State University
Quillen College of Medicine
Admissions
PO Box 70580
Johnson City, TN 37614