



COLLEGE
TRANSCRIPT REQUEST FORM

Date _____

TO THE REGISTRAR OF:

Name of College

Street Address or P O Box

City, State, and Zip

Dear Sir or Madam:

I have applied for admission to East Tennessee State University, Johnson City, Tennessee. Please mail an official transcript of my record as soon as possible to:

**Office of Admissions
East Tennessee State University
P.O. Box 70731
Johnson City, TN 37614-0731**

My admission is being delayed until they receive this transcript.

My last period of attendance at your college was _____
(Term and Year)

If you need additional information or there is a charge for this service, please contact me at the address indicated below.

Signature

PRINT NAME

Name Under Which I was Enrolled
(if different)

Street Address

City, State, and Zip

Social Security Number

Date of Birth

() _____
Telephone Number