

# East Tennessee State University

## Transcript Request Form Undergraduate & Graduate Students Only

If you have attended ETSU since Fall 1991, you may request your transcript through [Goldlink](#). Please complete one request form for **each** address to which you want your official transcript sent. For College of Medicine transcripts, please click [here](#). You may **FAX** this form to **(423) 439-6604** or mail it to:

**East Tennessee State University Office of the Registrar PO Box 70561 Johnson City, TN 37614**

Last Name	First Name	Middle Name	Maiden Name
Current Street Address		E# or ID # at time of enrollment	Date of Birth
City	State	Zip	Current Daytime Phone Number
Number of Transcripts Needed	Last Term/Year Enrolled	Term/Year First Entered ETSU	Did you graduate? Yes                      No
Please process:                      Immediately <input type="checkbox"/>		Hold for current term grades <input type="checkbox"/>	Hold for degree statement <input type="checkbox"/>
Signature (REQUIRED) <b>X</b>		Date	Please allow 2 working days during the semester and 10 working days at the beginning and end of each semester for transcript service.

Please check here if you are going to pick up the transcript in 101 Burgin Dossett Hall:

**OR provide a mailing address below for which the transcript is to be sent:**

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">Name (Person)</td> </tr> <tr> <td colspan="3">Name (Business or Institution)</td> </tr> <tr> <td colspan="3">Street Address</td> </tr> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip</td> </tr> </table>	Name (Person)			Name (Business or Institution)			Street Address			City	State	Zip	<p>PLEASE NOTE: TRANSCRIPTS WILL NOT BE ISSUED UNTIL ALL DEBTS OR OBLIGATIONS OWED TO THE INSTITUTION HAVE BEEN SATISFIED.</p> <p>There is no charge for transcript service unless you are requesting <b>overnight service</b>. Payments must be made in advance. Please provide credit card information below or contact the Records Office at 423-439-4230 with credit card information.</p> <p>CARD TYPE (VISA, MASTERCARD, or DISCOVER):</p> <p>CARD #:</p> <p>EXP. DATE:</p> <p>Last 3 numbers on back of card:</p>
Name (Person)													
Name (Business or Institution)													
Street Address													
City	State	Zip											

If you need additional information, please call (423) 439-4230.